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Original Articles.

MODERN ANTIPYRETICS.

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It is time for the medical profession to take a decided stand in regard to the indiscriminate use of antipyretics. It is very enticing to the physician on being called to a case of typhoid fever, to poke a thermometer under the patient's tongue, and on finding a temperature of 105°, to give Acetanilid gr. viij or Antikamnia or Phenacetin gr. x to xv and reduce the fever in a few hours to 101°. It is very enticing I say, but the question is not what will give the doctor the most fame, but simply, what is best for the patient? We must consider whether the temporary reduction of temperature is of any benefit to the patient, and whether it will be of enough benefit to counter-balance the possible depressing effect on the heart. Of course, Mr. Manufacturing Pharmacist steps in and says, "You may give my preparation with perfect confidence. I have it so combined with certain chemicals that there can be no depression, in fact it has a tonic effect on the heart." Now I have no doubt but that our manufacturing pharmacists have used their utmost skill and knowledge in preparing their specialties, and have brought them as near perfection as possible, but if it is possible for a man to combine just the proportion of caffeine, etc., with the other drugs, to suit every case, then what is the use of a common doctor wasting his time in learning the art of prescribing.

But this is a little off the question. To put the matter plainly, I believe the tendency has been lately to reduce fever wherever found regardless of its effects on the patient, or in other words, to doctor the fever instead of the patient. We have all read of how many deaths were directly traceable to the effects of

a popular antipyretic in Paris during the epidemic of la grippe several years ago. And in this country at the present time there is no means of knowing the number of deaths in acute diseases, pneumonias, typhoids, etc., which are directly caused by the depressing influence of our antipyretic drugs.

One reason for the newer remedies being used so extensively, is the wish to be "in the swim." Doctors will use a new remedy (in connection with other treatment) and if the patient gets well, they will forthwith rush into print with the *cure* (?), whereas if the truth were known, the patient perhaps pulled through in spite of the drug. I was amused a few days ago to read of a new oxytocic, viz: sugar; the doctor had given a certain amount of sugar in a glass full of water and the pains got stronger. Now I was always taught that a glass of water is one of the best agents to stir up flagging labor pains. Again I read of a man being cured of hematuria with epsom salts, but the doctor said he used morphine, atropine and turpentine in connection. Now I have always succeeded in relieving hematuria with turpentine or atropine; only last week I had a patient who had been passing blood in his urine for three weeks. I prescribed atropia sulph. 1-100 gr. every four hours; the third dose stopped it entirely. Now, if I had given morphia, turpentine and epsom salts, could I have said the epsom salts cured the patient? I think not.

As to the advisability of using agents to reduce temperature, I believe there are cases where reducing a reasonable amount of fever with the idea of curing the patient, is just as unreasonable as it would be in case of a stab wound in the abdomen, to sew up the wound without repairing the damage to internal organs. Take a surgical case if you please, with temperature of 102° on the third day. What would you think of giving acetanilid until the temperature was normal as the principal treatment? It would be just as reasonable in a case of cholera morbus to cork the patient at both ends. Then what will you think of the treatment in a case of typhoid fever with temperature of 104°, to dose with antipyrine as the chief treatment? I am sure it is better to leave the depressing agent alone, give as the main treatment, agents to counteract the *cause*, and reduce the tem-

perature with a sponge bath. And while I am on the subject, allow me to add my mite of testimony to that king of all treatments for simple high temperature, the *sponge bath.* I have often, when I first began the practice of medicine, sat beside a fever patient half a night studying symptoms and almost continually bathing the two hands and face in succession and saw the temperature gradually come down two degrees or more. After trying warm and cold water, my rule now is, if there is no contra-indication, to use water at the temperature most agreeable to patient, generally cooler than his skin but warmer than my hand.

Now do not understand me that I am opposed to reducing temperature. It is making the reduction of temperature the main treatment that I am opposed to, especially by means of depressing drugs. To speak plainer, I believe the profession as a whole are making a fad of reducing temperature quickly and they are doing it too much at the expense of the heart. We read of some doctor praising acetanilid and says, "I seldom see cyanosis from its use especially if combined with whiskey, strychnia, caffeine, etc." Now if I went to see a patient and find him needing whiskey, strychnia or caffeine, *because of something his nurse or friends had done*, I would scold.

Have the antipyretic drugs then no place in therapeutics? Certainly. When they are indicated and not contra-indicated, by which I mean that in a case of pneumonia at the stage of the disease when heart failure may be expected, (and in some cases, that are from initial chill to convalescence) I would not give the afore-named drugs under any consideration whatever. How often we read of a case in which "the *temperature* was nicely under control when the *patient* died of heart failure."

To administer drugs we need scientific knowledge and common sense; and that means, don't ride a hobby-horse, (of which more some other time). I read of a case the other day which illustrates that we should remember every effect of a drug and every condition of the system when administering drugs.

A doctor gave quarter-grain morphine pills every fifteen minutes to one hour all night to a patient with colic; towards

morning the patient felt relieved, vomited profusely and died, and the doctor innocently asked, "What was the cause of death?"

In conclusion I will say, let us be bold and decisive in giving dangerous medicines *when needed*, but let us be very careful that we do not give a single dose of medicine which *may* cause a worse condition than before, unless absolutely needed.

NYMPHOMANIA—REPLIES TO MY CORRESPONDENTS.

By L. M. Phillips, M. D., Pen Yan, N. Y.

Since my article in the December, 1894 number of the Journal on "nymphomania with report of a case and a test of hypnosis," was printed, I have received so many letters of inquiry, containing so many and varied questions on the subject from physicians and others not connected in any way with the profession, that I am, from sheer desperation, perforce obliged to resort to the columns of the Journal to satisfy my besiegers. These inquiries have came to me from all parts of the United States, and a conclusive fact is certainly established, that the Cincinnati Medical Journal has a wide circle of acquaintances, who are quick to take advantage of anything that is new and instructive.

To my correspondents I wish to say: Do not expect me to answer but two or three of those many questions, for they are so many and varied. There are enough for the text of a 12 mo. From the many, I have chosen those that I consider the more important:

1st. "*What is nymphomania, what causes it, and what would be the sequelae if allowed to go unchecked by treatment?*"

Answer. States or spasms (for the manifestations of the impulse as a rule, are spasmodic) of psychical hyperasthesia. Mental excitement of the sexual and erotic centres, (cerebral cortex), accentuation of erotic ideas and lustful feelings with an impulse to induce them *

*I speak of the cerebral cortex as the psycho-sexual centre, leaving out spinal diseases that excite the erection centre.

Some of the causes, those causes found in the text books will not be mentioned, but I mention the most prominent, as presented to me by my cases for treatment.

(1). Excitation of the "erogenous" zones, viz.: if the patient be a virgin, the clitoris, nipple, and manipulation of various parts of the skin and mucous membrane, and if deflorated, add the vagina and cervix uteri. These practices induce desire, by direct stimulation of the erotic centres which distribute to the whole vaso-motor system of nerves, the excitement causing turgescence (hyperaemia) of the sexual orgaism.

The pleasurable feelings induced by the hyperaemia, ebbs and flows like the tides of the ocean, and if unrelieved or unsatisfied, *via naturalis*, a condition of congestive stasis obtains, that presents to the naked eye paleness of the vaginal and cervical mucous membrane, and to the bimanual examining finger and hand, a *fullness* of the pelvic viscera. Under these conditions no reflex movement takes place, e. g. peristalis in the tubes and uterus as far down as the portio vaginalis, which presses out their mucous secretions. But this is retained, a certain amount of hypertrophy supervenes which soon becomes a never failing source of excitement and irritation. All unnatural practices—masturbation, handling of these "erogenous" zones, etc., give rise to these conditions, and if persisted in for any length of time, sensory impulses (pleasurable), are blunted, and no pleasure or benefit is obtained by coitus *naturalis*.

(2). Incompatability of temperaments. Inability of the male to satisfy the ideals conjured up by romantic, hysterical and mercurial "advanced women," starts these phenomenics upon a still hunt for their shadowy creations, which many times lands them in the liberintine's embrace. Psychical impotence in the male with its attendant train of pathological changes, excites in the female, disgust, bordering on hate, giving rise to a condition of antagonism between the two, that precludes anything like the inter-change of equilibriating magneticism. From the excitement caused by constantly brooding over their unhappy lot, the thoughts run upon the same track, until a condition of almost (at times complete) subserviency of the physical being to the erotic, vaso-motor, and cerebral disturbances becomes im-

perative, and they cross the border line, forgetting, in fact, caring but little, for the ties that bind them to constancy; reveling in the ecstasy of the thought that the ideal has at last been found, and with this subtle reasoning lose all fear of consequences.

(3). Unnatural practices to prevent conception, viz.: vaginal injections of cold or luke-warm water, by interfering with the gradual return flow of the blood in the utero-gestatory organs. Retraction before ejaculation, also injection of various substitutes, as drugs, etc., into the vagina. The introduction of various mechanical contrivances, etc.

Nymphomania if allowed to run its course in a young female, results usually in a mild form of mania (monomania). Where the passive congestion induces diseased conditions of the vaginæ uterus, tubes, and ovaries, surgical interference clears up the diagnosis and quickly relieves the symptoms.

Abnormal sexual desire will manifest themselves sooner or later in chronic cases, and the medico-legal "expert" if honest is put to his wits end to reconcile the condition as not one of pure insanity, licentiousness, or cussedness.

At the menopause the constantly recurring congestions, complete and incomplete, give rise to this symptom; sometimes intensely annoying and depressing, because so lightly passed over by family and physician as one of the necessary peculiar phenomena occurring in all women, more or less, at this time, and while mania in these cases is rare, their lives are over-shadowed, and existence rendered miserable for a long time after the menstrual function has ceased, by the indefinable feeling of insecurity that manifests itself whenever the victims are brought into contact with man. In this class of cases the perverse sexual impulses are very often accompanied by other perversions of the census, which taken collectively point almost conclusively to paranoia, which though mild for a time, is liable to assume a violent form and the sufferers become indeed dangerous lunatics.

Question No. 2.—"What is the difference between nymphomania and licentiousness?"

Answer. That portion of the question relating to nymphomania is I think sufficiently answered in the preceding notes. In them I have tried to show it a symptom of a pathological condition dependent wholly upon the relief of the morbid phenomena for a cure. *Per contra*, licentiousness is controllable at all times, in all environments, and is usually found as a permanent *sense* of a low order of intellectuality; there is nothing elevating, nothing of the ideal about it. It does not, like the dainty, intellectual, graceful, and nervous nymphomania, give itself up to rosy, pleasant dreams, and imaginings, coloring these in brilliant hues, and garbing them with every virtue! No! At once it sinks to beastiality, and like its congener, satiates itself again and again, stopping only when outraged nature refuses to further supply the exhausted fountain. It is a vice, dependent in a great measure upon education, individualty, and training for proper cultivation and restraint, and in no wise dependent upon a pathological state, for excuse or license.

Question No. 3.—"Will you kindly instruct me in the treatment of a "case" of nymphomania occurring in a young lady of twenty?"

Accompanying this was a long account of symptoms, uterine and otherwise. But I am merely writing of a symptom, while the writer would call the symptom a "disease." On this basis I answer by reporting a case as nearly like his as I can find in my notes from practice.

Miss Gracie L— age 22, weight 102 pounds, pronounced blonde, lady-like, accomplished, highly intellectual, sweet, loving, retiring disposition, and the only child of healthy parentage. Showing nothing peculiar or abnormal until 17 years of age, when all at once from the diffident, modest, and bashful maiden, she became coquettish in male society, going almost beyond the limits of good breeding and manners, causing remarks and bringing down the wrath of her shocked mother in the form of a curtain lecture on etiquette, to which she made no response, simply awaiting another opportunity to "shine." She adorned herself in the most "fetching" style, and sauntered out for a

walk, making "mashes" in the most approved fashion, and boasting of her powers to break male hearts. This went on for a year and a half, her neuropathic constitution developing the impulse, while the want of satisfaction gradually endangered her freedom of will. In this extremity advice was sought of the family physician, who "examined" her, found nothing abnormal, pronounced it nervousness, treated her for this, with the result of increasing the mischief.

Predominating sexual desire in women at once arouses a suspicion of pathological significance; also recognizing at once the natural retiring delicacy of this patient's disposition. I, in my examination, excluded everybody from the room; for if you court the innermost secrets of their hearts, the current of secrecy *must* be thrown over the whole sorrowful story, while your advice must be coupled with kindness and sympathy.

In my examination (physical) I was able to satisfy myself of a cerebral and spinal lesion, or neurosis. Tenderness over the lumbar vertebrae, with soreness on a level with the fourth; abnormal impressionability accompanied by diminution of energy, viz.: (irritable weakness).

Hyperæsthesia centralis; giving rise to increased impressionability, amounting almost, post menstrual, to delirium. These two pathological lesions were so intimately associated that a differential diagnosis of the two was impossible. Without doubt however the spinal was dependent upon the cerebral stimuli.

I shall dispose of the other symptoms in a very few words and come at once to the treatment of this case.

Nothing abnormal or pathological could be detected in the bi-manual examination, per vagina et abdominalis, except the "fullness" previously mentioned. Dysmenorrhœa, a slight amount of constipation, migrane, eye-strain, (muscular insufficiency), corrected by proper lens, dyspeptic symptoms, wandering neuralgic pains, and an irritable condition of the kidney and bladder. A careful analysis of the urine did not help much, it merely established the fact that no renal lesions existed. During my examination the skin was hyperæsthesthetic, and the

sexual impulses were intensely accentuated. The displaced circulation produced these vaso-motor phenomena. Palpitation of the heart, huskiness of the voice, dryness of the mouth and fauces, suffusion of the eyes, and last a disposition, nay desire, to be "examined" and handled, a condition of (pardon the term) *flexibilitas cerea*, ready and anxious to be moulded as the artisan willed.

Treatment. No drugs were given save a drachm of Elix Bromidi at 7 p. m. and at bedtime; electricity gave a small amount of relief for a short time. The actual cautery with the point at white heat, together with hypnosis promised something.

Six seances, one a day, were necessary before the young lady overcame her fear of hypnosis, when she became semi-lethargic. At the end of the third week her confidence was restored, and she at once, when brought under the hypnotic influence, passed into somnambulism, and readily repeated any suggestion I wished. While hypnotized the cautery was applied obviating any further shock to her sensibilities.

At the end of the fourth week after beginning treatment a profuse leucorrhœal discharge came on, which was quickly stopped by the Osmotic treatment. Just what was the cause of this I am unable to state, although my speculative faculties have been actively at work for an explanation, but at present shall foist no theories upon you.

This was the treatment for nearly three months, when she was discharged, freed from her perverse impressions. She returns from time to time, by my request, but after nearly eighteen months she sees and feels "all right."

Just a few more words, and I am done. Do not mistake perverse philosophical ideas referring to sexual perversions, ethical defects in all directions, cynicism, frivolity, etc., (paranoiac manifestations) for the phenomena of nymphomania. Look closely for the symptom when your suspicion is aroused. Exercise care, tact, kindness and sympathy, and you will earn the everlasting gratitude of this most delicate of all God's handiwork—woman.

ONE AND ONE ARE TWO.

By W. R. Amick, M. D., Cincinnati, O.

(*From May issue of Medical Brief.*)

For three years this country has been treated to the spectacle of a small minority of a learned profession in hysterics over a hypothesis. I refer to the clamor for the enactment of laws calling for the isolation or segregation of consumptives. I refer to the utterances and writings of those who would have consumptives branded as a class apart, dangerous to their associates. I refer to all those who, without justification in the facts, have declared pulmonary consumption a contagious disease.

As a consequence of this outcry on the part of a few physicians in the larger cities, the public press has teemed with articles and statements calculated to make a consumptive an outlaw and his life as unbearable as that of a leper. As a consequence of this outcry, fathers are to-day writing letters to their physicians stating that they fear to associate with their sons, and mothers are asking if it is safe for them to attend at the bedside of dying children. I know that this is true, because I have been the recipient of such letters. Is it then any exaggeration to say that a "consumption scare" is imminent?

To-day boards of health are passing resolutions and making regulations and demanding the enactment of city ordinances and state laws, restricting the one-seventh of our population that is consumptive of its rights under the constitution, to life, liberty and the pursuit of happiness.

I note with pleasure that the hardworking country practitioner, the back-bone of the medical profession, has not followed the lead of his more "faddical" brother in the large cities. The calm serenity of country life, the contemplation of the undefiled works of nature, and the absence of the opportunity to "coddle" the susceptible city reporter for a free advertisement, appear to have rendered the country physician immune to the bacillus of hysteria which is at present buzzing in the brain of his metropolitan brother.

However, with the daily press teeming with accounts of the

arbitrary actions of the city boards of health, the country practitioner is also in danger of being carried away by this fad. His adherence to this craze would mean a panic that would sweep the country. Through the influence of a great journal of wide-spread circulation like the *Medical Brief* such a danger may be averted. Before the great and common-sense majority of the profession follow in the footsteps of a few of their city brethren, I am sure they will be disposed to look carefully into the logic of the question.

It is a basic principle in science that before a mere hypothesis is admitted as true, and used as a basis for action, it should first be established by undoubted proofs, and not be at variance with established facts, such as, that one and one are two and not ten. With this principle as a basis, let us impartially view the proposal to set consumptives aside as a class.

Either consumption is contagious, or it is not.

If consumption is not contagious, and has not been so proven beyond the shadow of a reasonable doubt, the propositions of the contagion theories are brutal and unjustifiable.

When pinned in a corner the only answer of the contagion theorists to the objections of common-sense physicians to their wild proposals is that Koch or some other bacteriologist "says so." Let us see what the bacteriologists really do say.

Edgar M. Crookshank, M. D., professor of bacteriology in Kings College, London, says: "We know that in health we are proof against most of these micro-organisms; if it were not so we would rapidly fall victims to the tubercle bacillus, or some others which we inhale with impunity." Again: "For the most part, the physician must look rather to combating the effects of micro-organisms by restoring to its normal standard the lowered vitality which enables the bacteria to get a footing."

Carl Fraenkel, M. D., professor of bacteriology, University of Konigsberg, says: "We will not dispute the fact that a series of circumstances favor the transmission of tubercle bacilli, and that a general debilitation of the organism, imperfect respiration, catarrhal affections of the upper air passages, etc., have their influences.

Fraenkel further says in effect: "The processes of distinguishing disease-producing bacilli from the non-disease-producing bacilli, and of distinguishing the latter one from another, are not *absolute*. The usual process does not distinguish the bacilli of consumption from that of leprosy. The various delicate processes used in distinguishing the various varieties of bacilli one from another *can not be explained with any certainty*. Koch, however, is said to have established the regular occurrence of bacilli in all cases of tuberculosis, and thus rendered their *specific significance very probable*." The facts are that post-mortems have shown deaths from consumption *with an utter absence of the bacilli of consumption.*

Geo. M. Sternberg, M. D., the well known bacteriologist, says: "The bacilli, in order to produce disease, must be introduced into a vulnerable location, and predisposing and exciting causes must have come into play."

The late Alfred L. Loomis, M. D., LL. D., says: "Although the bacillus is accepted as the sole exciting cause of phthisis, its omnipresence and the impossibility, under the present social conditions, of avoiding a more or less intimate contact with it, render the predisposing causes of its development, without which it is inactive, of paramount clinical importance. These causes are general and local. The most important general causes are inherited or acquired feebleness of constitution, anti-hygenic influences, climate and soil. The local causes are found in *inflammatory conditions of the pulmonary tissues*."

J. Buchanan, bacteriologist, says: "The mode or manner of the ingress of the microbes into the body is still unsettled."

With these "wobbly" assertions for a foundation, a few physicians in the large cities of this country are fostering a reign of terror, such as Naples experienced for a period of sixty-six years. When conservative, common-sense physicians protest, these enthusiasts answer with the assertion: "Consumption is contagious; I know it, because So-and-so says so." So-and-so, meaning the bacteriologist, as we have seen, does not say so. The bacteriologist as we have seen, does not claim that the bacilli of consumption are the predisposing or the primary, exciting cause of the disease. On the contrary, he only advances

an absurd hypothesis, to the effect that bacilli of consumption are the secondary or tertiary exciting cause of the disease.

I submit that there can be but two causes of disease—a predisposing and exciting cause. I submit that a second or third or thirteenth exciting cause of a disease is not to be found in nature. In the endeavor to prevent the spread of disease, the predisposing and primary exciting causes are the only causes worthy of consideration. The bacteriologists admit that a pathological condition is necessary before the bacilli can make their appearance in a human organism. That is, *they admit that the bacilli are not the primary exciting cause of disease.* This being the case, the proposition to banish from the universe the billions upon billions of alleged disease-producing bacilli is ridiculous. I submit that common sense dictates that all effort should be directed toward preventing or correcting the pathological condition which permits these alleged deadly bacilli to accomplish their alleged deadly work.

I have followed this fad in my reading since its inception. At every turn I have met nothing but wild and unjustifiable assertions unbacked by facts or proofs. I am forced to the conclusion that the proportions to which this craze has grown are due to the instinctive hankering after the LIE of the ill-balanced, badly trained, and hysterical minds of a minority of the profession in the large cities. The untrained mind of a child always demands the story of a Baron Munchausen, a Dean Swift or a Rider Haggard. "Men are but children of an older growth." The truth is never big enough, broad enough or sufficiently mysterious to meet the credulous yearnings of an untrained mind in any profession or science. The real facts discovered by the bacteriologists will day by day prove of greater value to the medical profession. The fairy-tale discoveries of the bacteriologists as misstated by the physicians, who wish to label one-seventh of the human race as dangerous to their associates, read like a grewsome Arabian Nights.

My objections to the meddlesome interference of physicians, boards of health, law-makers or any other class of men, with the common rights of consumptives under the Constitution of the United States, are based upon the following propositions:

1. The bacilli of consumption are not the primary exciting cause of the disease. A few physicians assert that the bacteriologists have said that the bacilli are the primary cause of the disease. Upon reference to the bacteriologists themselves, we find that they have said nothing of the kind. Consequently I take the word of the bacteriologists themselves in preference to that of the enthusiasts who misquote them, and conclude without further evidence that the bacilli are not the primary exciting cause of the disease.

2. The bacteriologists agree that the bacilli of consumption are the secondary or tertiary or forty-secondary exciting cause of the disease. A secondary, tertiary or forty-secondary exciting cause of the disease is nonsense. The proposition to abolish such a cause of a disease is absurd.

3. The respectable and conservative element of the medical fraternity all over the world do not accept the assertions of those bacteriologists who say that the bacilli of consumption hasten the progress of that disease.

4. The observations of the profession for eighteen hundred years go to prove that consumption is not a contagious disease. The records of hospitals for consumptives alone, all over the world, demonstrate beyond the shadow of a doubt that the disease is not contagious.

5. If consumption, as claimed, were a contagious disease, more contagious and more to be dreaded than small-pox, yellow fever and cholera, we would not be here to discuss the subject.

6. The history of medical fads of this nature is alone sufficient to deter any conservative physician from taking up the present one for many years to come.

7. It is unwise to follow in the lead of the few city physicians who, whenever a German or French hobby-rider recklessly asserts that one and one are three, immediately improve upon his assertion by stating that one and one are ten. This is exactly what a few American physicians invariably do with every hasty utterance of a German or French scientist.

In many leading cities of the country the notoriety-seeking physicians, who manage to get upon the boards of health, now furnish the daily press with weekly reports of infectious and con-

tagious diseases in which pulmonary consumption is classed side by side with small-pox, diphtheria and cholera. Language is not strong enough to express the contempt in which I hold the men who are responsible for this outrage. I do not for a moment entertain the idea that these men honestly believe that consumption should be thus classed. For the physician who is honestly convinced that the bacilli of consumption hasten that disease I have no severe criticism. "Good wombs have borne bad sons." But there is no excuse whatever for the physician who, for motives best known to himself, classes consumption with small-pox. I have within reach of my hand records that will convince any sane man of the utter absurdity of such a claim.

It is therefore a pleasure to me to note that consumptives all over the country are dealing these "faddists" a blow where it will hurt them worst—in the pocket-book. At last aroused to the danger confronting them, consumptives from El Paso, Texas, to Bangor, Me., are, for self-protection, organizing clubs, and in many of these the first by-law is that no consumptive shall become the patient of any physician who endorses the contagion theory of consumption. This will put a more effective quietus on the fad than all that I could say in a year. Many of these clubs are forwarding the names of physicians who, as members of boards of health or hospital staffs, or by their public utterances, are fostering the "consumptive scare," to headquarters at Cincinnati, where they are being compiled and sent to consumptives everywhere. I conclude that the one-seventh of the population that is consumptive has brains enough to take care of itself, and I am rather sorry for the "fad physicians."

In view of future fads of this nature I would make the following suggestions:

1. That geometry and logic be added to the first year's course in all medical colleges.

2. That every honest believer in the contagion theory of consumption ask himself the following question before he takes any public stand upon the matter:

"Do I personally know of one single successful and convincing experiment, one verified observation, one proven fact, or one

logical argument, proving conclusively that consumption is contagious?"

Before I conclude, I wish to call attention to the following facts: In the artificial foods used in the culture of the bacilli of consumption, the principal ingredients are phosphate of lime, glycerine, gelatine and carbonate of soda. Phosphate of lime is a salt which is very much in evidence in tubercle. Glycerine corresponds to the fatty matter in tubercle. Gelatine is largely present in the tubercle. Carbonate of soda is a prominent constituent of tubercle. The tubercle, the dead product of pulmonary consumption, is of an alkaline nature, as are all the culture mediums used by the bacteriologists in the artificial development of the bacilli of consumption. Acids are never used in these food mediums. Live lung tissue is fifty per cent. acid. If the bacilli of consumption thrive upon live lung tissue, and require that tissue for their development, it would seem that in their artificial culture acids should be a prominent ingredient. In March, 1892, in an article in the *Medical Brief*, I stated my belief and conviction that the bacillus of consumption was not the cause of the disease, but simply one of its products. I now wish to go a step further, and say that I am confident that within five years the bacteriologists will have demonstrated that the bacillus of consumption is simply the *scavenger of that disease*.

A REMINISCENCE OF A "BACKWOODS DOCTOR."

By Dr. Ben. H. Brodnax, Brodnax, Louisiana.

You have married, late in life, one of God's pattern women, and a boy has come to bless you. Does your heart go out to Him as in your lonely rides the soul goes back to home and wife? You have made your rounds and covered twenty miles, called at half a dozen places, prescribed for their ills, patted the feverish little cheeks, comforted the parents, counselled with the old. At the last house the only boy, same age as your own, has passed to the spirit land. You have sat for hours using your knowledge to combat the fever, to no avail, and as you fold the little hands you use words, poor words, and try and comfort the mother as

she wrings her hands with the cry, "My God! all that I had." A chill creeps over you. Your boy! Is it a presentiment? You left him ill and feverish early that morning. You turn from the house, mount your tired horse, you more tired than he. The sun has gone down hours ago, and as you turn toward home, you quicken your pace. Suddenly a light step on the leaves and a deep growl. You place your hand on your pistol—another growl, a quick flash, a scream and growl mixed. Your frightened horse carries you swiftly from the place. Two or three days afterward you pass the place again—a dead wolf and her two dead pups lie there, as if still tugging at the cold, empty lugs.

At home at last, a light is in the window. You hastily feed your horse and go in. "Our little man is very sick, dear," says the tired wife. You look at the clock—midnight. Then turn to the crib. "Papa come." "Yes, my little man," and the eyes close again. "He has had fever since you left this morning." You sit down, fix some medicine, and, as hour after hour passes, you note the flicker of the little blaze of life, now burning out. There is no brother doctor near to council you. You persuade the wife to "lie down if only for a few moments, perhaps he will be better soon." Tired out, she sleeps. You bend over the boy to kiss him, and catch, as you think, the last breath. "Papa sick, too?" he whispers. "No, my little man." Again the dull shadow comes over the face now fading of its feverish flush. The failing pulse is so fast; My God, so fast! A slight shiver and the pure soul has sped to the bosom of his great Father. Now you fold the little hands, smooth the golden curls, bow your head over him. Is it a prayer? Yes, pray for help to bear this great burden. You will not wake the wife, let her sleep. No, the mother's instinct has told her "the boy is dead," for she stands beside you. Do you see wherein this differs from the scene you witnessed only a few hours ago? Is it words now you offer to the wife as she is folded in your arms, her aching head on your breast—no they would hurt your heart, now too full. No, it is a silent prayer to God who gave the boy to you both, to help you to bear this terrible loneliness. It helps you. You wonder how quietly she folds and unfolds its little fingers, as if it slept not

its last sleep, but was resting to wake again. Only the pale face tells you how a woman can suffer and be silent.

But you cannot rest. Even while the boy rests in his coffin, unburied, in your home, come the calls from those who look to you for help. You cannot rest. You must go, go. Only one can rest and mourn as only a mother can for her lost first born. Only she can feel the terrible emptiness of heart and home that has come to you and her.

You must take up the same rounds of help, of thought, of comforting. It is now for the first time that you turn your face toward home, after your long day's rides and feel not the old thrill of pleasure. Even your horse seems to share the feeling that the light of your home has gone out.

AN AGENCY PHYSICIAN'S EXPERIENCE AMONG FRONTIER INDIANS.

By Jas. L. Neave, M. D., Dresden, Ohio.

[*Concluded.*]

The head medicine man of his tribe—Black Tongue—once came to me, and in a confidential mood addressed me as his professional brother. He said we were both medicine men and were both frauds—skotchewinch—he in his way and I in mine; which may have been true enough, but the old fellow needn't have been so brutally outspoken about it. On the strength of this brotherly connection, he wanted me to give him my best services, whenever he should happen to require them, as he didn't want to be treated by the Indian medicine men. And I will say that thereafter he called upon me to treat not only himself but all his family, whenever they required attention When on his death bed, he sent a special messenger for me. Upon my arrival at his tee-pee (house), I found my old friend lying upon a pallet on the floor—a sure sign that his friends thought him very near to death. On the floor, beyond his head, (where he could not see them and placed so by his own order), were piled his rifle, tomahawk, knife, mirror, necklaces, pipe, arm and leg bands, etc. His grave clothes however, were placed where he could see them—indeed he was dressed in the latter soon after

my arrival, *before death*. He told me that he didn't want all that stuff at the head of his pallet, piled on him; that he wanted to die like a white man; and asked me to stay with him until he died. I of course, gave him the desired promise. My old friend then had me take a seat at his side, in such a position that he could watch my face, reached out and took my hand, and died with his hand clasped in mine, and his gaze fixed upon my face. I write thus explicitly in order to show that this ignorant Indian, judging him from an educational standpoint, had perception sufficient to feel that the superstitious performances peculiar to his own race, were worthless, and that he felt a need of something better. And I believe the old man really had a sincere regard at the supreme moment, when he was passing away to the great unknown.

Not long before his death, old Black Tongue perpetrated a piece of humbuggery, for which the superstitious ideas of his people were responsible. A long persisting season of drouth had afflicted this section of the country and everything was drying up. The Indians importuned the old medicine man to make rain for them. He was known to have a little dried land-turtle, which if he would place upon the ground, perform certain incantations, and at the right time *turn it around*, rain would come. For some time the sly old fraud refused to accede to their importunities, putting them off until such time as his knowledge of the weather told him that rain was probably near at hand. Finally after being well fed, he at last consented to bring the rain—and sure enough it came. It rained and it rained and it rained—and it kept on raining until everything was soaked, both in doors and out of doors, (their dirt roofs could not withstand a long continued rain), and still it rained. The people begged the sorcerer to stop the downfall. But he seeing no indications in the weather of any let up, and well knowing he couldn't stop it, told his deluded followers, that in order to stop the rain, he would have to turn his turtle around in a direction opposite to which he had originally turned it—if he turned it in the same direction, it would rain harder than ever, and he had forgotten the direction of the first turn. His incantation only permitted of one more turn just at this time, and he was afraid

to attempt it for fear he would turn it in the wrong direction and make matters still worse. And they took his word for it. Afterwards when I mentioned the matter to him and asked him if he couldn't give his turtle a turn, he simply gave me a knowing wink, and remarked as before stated, that we were both humbugs, each in our own way.

Indians love whiskey and will do almost anything to get it; and they are liable to do anything after they have gotten it. A drunken Indian is one of the most dangerous animals in existence—worse than the tiger, because with cunning and bloodthirsty ferocity, he possesses human intelligence. A drunken Indian is not merely hilarious or disorderly, as a white man usually is, but he has an overmastering desire to kill, and his repressed hatred of the white race comes to the surface. A very little whiskey goes a long ways towards producing these results. My old friend Bad Gun was a capital good fellow when in good humor and sober. Whenever his temper was particularly stirred up, he always twisted up his long hair and fastened it in an unshapely knot or wad on top of his head and invariably a little to one side. Among the whites, this knot finally became designated as Bad Gun's war bang, and when the old fellow would come dashing up to the Agency on his pony, with the oldest clothes on that he could find, or with perhaps scarcely any, and with hair done up as described, we always knew that he had some grievance, and that the Agent was in for a speech. One time that I remember, old Bad Gun got drunk, and all his old grievances against the whites, both real and imaginary, came rushing to his mind. He stripped off everything except his breech cloth and moccasins, fixed his hair in an unusually ferocious war bang, grabbed up his tomahawk, and swore he was going to kill a white man. Fortunately, instead of going to the agency he started towards the trader's store, that being nearer; and he came with blood in his eye. He was so thoroughly wild that even the Indians scattered and got out of sight, leaving the place in front of the store vacant—a very unusual circumstance. Fortunately the trader "caught on" in time to close up the store and retire upstairs. The store was built of very heavy logs and no one man could make much im-

pression. After trying vainly to force an entrance, and striking viciously at the building with his tomahawk, in the fierceness of his rage, the savage wandered off, and the incident was closed. But the trader remained upstairs several hours before returning to open up again.

One of my first experiences at Fort Berthold was in this same line, only the experience was comical. One of my first cronies was Two Crows (Kah-kah Pifk), another Indian medicine man who presumed upon the ties of professional brotherhood. He came to my dispensary one day and made me understand that he wanted a drink of whiskey; told me that my predecessor frequently gave him some; and appealed to me on the strength of the fact that we were both doctors and should assist one another. I poured out some pepperment water and syrup, stirred up the mixture and gave it to him, he giving me to understand with a wink, that he would not let any one see the transaction. To carry out his part of the programme, he retired to the corner where he was safe from observation, shut his eyes placed one hand over his bowels which he rubbed in the ecstasy of expectation, and throwing back his head, gulped down the mixture. Immediately turning around, he slowly brought down the glass, and stood for a moment gazing at me. Such a look of reproach, disgust, disappointment and sorrow, I think I never saw pictured before nor since on the human face. Not a word was spoken on either side; and there we stood gazing at each other. Then as the immensity of the deception dawned fully upon his mind, he sadly shook his head, stepped up to my counter, set down his glass, and drawing his blanket about him, passed silently out of the door, a picture of insulted dignity. I didn't dare to laugh—indeed the whole performance was so intensely solemn that I forgot to laugh until after my friend had departed, and even then I could not help commiserating him in his terrible disappointment. The old fellow never wholly forgave me for the trick.

When I first went among the Indians, diseases of the eye were very common. At one time I was almost ready to declare that they all had ophthalmic troubles of some kind. The reason for this wholesale diseased condition, soon made itself manifest

to me. The houses they built for summer residences were like huge inverted bowls. A description of their method of building is as follows. Four heavy posts, some ten or twelve feet high, were set up as a centre, in form of a square. Next, a circle of posts about five feet high were set up around the central square, and heavy pieces laid on top, forming a circle around the central square. Next, long poles were laid from this ring, converging towards the central square; the butts on the ring, and the tips resting beyond the central square, leaving an opening some three feet in diameter. Short poles resting on the ground and leaning against the circle, formed the sides. This was covered all over with brush and lastly with a heavy layer of earth, and the house was complete. The door-way was completed with a frame containing a door made of boards, and was made perfectly tight. When a fire was needed, it was made in the center of the lodge, and the smoke after filling the entire interior, found means of escape through the opening left in the roof. In this smoke laden atmosphere, these people spent much of their time during the long cold winter, with the result that very many had eye troubles, depending upon this constant irritation. The introduction of heating stoves into these lodges, which I brought about as soon as possible, soon lessened the trouble, and the ophthalmic cases dwindled down to those having a specific base as a cause. I have been in these tee-pees when the interior was blue with smoke, the air being stifling; and I have emerged with my air-passages and eyes so irritated, that violent coughing and weeping were the immediate results of my experience, for a few minutes—yet these people would stand it for hours at a time.

Burial among the Indians, is a theme that always seems to be of interest. Not only are some of the methods adopted, strange, according to our way of thinking—but to my mind one of the strangest facts in this connection, was that two tribes so mixed together no stranger could find the line of separation between them; yet should have methods of burial totally dissimilar; and each tribe always pursue its own method, irrespective of the other. And they continued so to do, after having lived together in one crowded village for fifty years. The Arickarees buried

in the ground—in the same way as do the whites. The Gros Ventres laid away their dead upon scaffolds—six feet in the air. Sometimes the body was simply wrapped in blankets—and sometimes a box was used. After being thus buried, up in the air, the body was never again touched, under any circumstances. When the uprights that held up the platform upon which rested the body, rotted away, if the skeleton came down feet first or head first or altogether in a state of collapse, it was all the same; it was never touched, but was permitted to come down in its own good time. It looked almost pitiful to see the remains standing perhaps on its head, grinning at you possibly, but looking decidedly uncomfortable. The Indians would never themselves touch it nor allow anyone else to do so. With all their seeming disrespect for their dead, they had the same feeling concerning the sanctity of the cemetery that we have.

ARGON—THE NEW ELEMENT.

The discovery of an unsuspected constituent in the atmosphere has been followed by investigations that make absolutely indisputable the claims of its discoverers. It is now absolutely certain that the atmosphere contains at least one element previously unknown. From the chemical point of view, perhaps, the most startling character of this substance is its inertness—all attempts to induce it to enter into chemical combination having so far proved futile. On the other hand, considering the difficulties attending its preparation and purification, knowledge of its physical properties is already well advanced.

The new gas is obtained by two processes. The first consists in subjecting a mixture of purified air and oxygen to a stream of electric sparks in presence of an alkali, whereby the nitrogen is oxidized and absorbed, the excess of oxygen being afterward removed by treatment with an alkaline solution of pyrogallol. The second process begins with removing the oxygen from purified air by means of red hot copper, and then the removal of the nitrogen is effected by passing the residual gases over magnesium filings heated to redness. The removal of the last portions of the nitrogen and other impurities is now effected in

an ingenious self-acting apparatus, whereby the gas can be kept in circulation over the various purifying agents for any length of time. Usually about two days are required. "Argon," as the new found substance is called, is a colorless gas whose density is about 19.90, compared with hydrogen as unit. It is about two and a half times as soluble in water as nitrogen, 100 volumes of water dissolving 4.05 volumes of argon at 13.9 degrees. The gas can be liquified at a very low temperature, and then forms a coloress liquid, which boils under atmospheric pressure at —187 degrees, the density of the liquid at its boiling point being about 1.5. At a still lower temperature, argon is converted into a crystalline solid resembling ice, which melts at —189.9 degrees, while nitrogen melts at 214 degrees, and boils at 194.4 degrees, and oxygen, which has not yet been solidified, boils at 182.7 degrees, their densities in the liquid state being 0.885 and 1.124 respectively.—*The Nat. Board of Health, May.*

AN AMERICAN M. D. IN ASIA.

AN INTERESTING CASE.

The following letter addressed to Dr. Ben. H. Brodnax from his friend, Dr. Thrum, who is connected with the American Mission at Mardin, Turkey in Asia, is of great interest from many points of view. It is calculated to make us thankful that our field is not in foreign parts, but among a civilized, god-fearing, prosperous people, who as a rule appreciate the services of their doctor, and generally pay his bills. We wish to thank Dr. Brodnax for the privilege of publishing Dr. Thrum's most entertaining and instructive letter.—[Editor.]

MARDIN, TURKEY IN ASIA, Feb. 23, 1895.

Ben. H. Brodnax, M. D., Brodnax, Louisiana:

My Dear Sir:—Yours of May 8, 1894, was briefly answered, and at the time I promised you a fitter reply to your excellent and very welcome letter of that date. But here it is almost May, 1895, and my debt unpaid! Had I a ready pen and a brain full of active thoughts as your letter indicates its writer has, I might try and pay off my debt with interest. But as this cannot be, I will content myself with remaining in your debt.

As you will see by the enclosed report, there has been plenty of work—such as it was—but very little in the shape of money to show for it, but as it is not specially the object of the Board to send out doctors for the purpose of making money, that is not an item to disturb me. There were no remarkable cases under my care during the year to write up and publish, nor have I had the time—even had I had the material.

During my visit at Diarbekir I had an interesting case of stone. A young man, sixteen years of age, came for examination. From his youth up had complained of pain in urinating. On passing the sound it could not be pushed on into the bladder, on account of its size. The fellow was poor as Job's off ox, and after several days' effort to get anything out of him for the operation, they brought $4.25, and the operation was performed. I fortunately was assisted by the quarantine doctor, who was then in Diarbekir, for I so seldom have anyone to help me, it is a treat to lay hold on one once in a while. I made the usual perineal section—cutting down into the vesica. I was startled to find what an enormous sized stone I had to extract. The question was *could* I draw it through the space I had at my command, or should I be obliged to perform the superpubic operation, and extract it from there. But as one opening is about all the bladder can well stand at once, I concluded to make strong efforts to extract it through the perineum first. The stone was packed high up behind the pubic bone, so that none of the common forceps could reach it to bring it down, and I could make no headway until I took a long womb forceps which caught it. In pressing backward I was able to bring it down in front of the opening, when I grasped it with the regular forceps, and after some hard pulling and several strokes of the knife to enlarge the external opening, I was able to show it *external* to the fellow, when an exclamation from all present went up at the sight of it. Its dimensions, which gives a very inadequate idea of its size and form are, length, 3¼ inches; its circumference, 5¼ inches; weight, 120 grams; color external, white; internal, a brownish. The bladder having grasped it about an inch from one end forming a kind of a neck—for all the world looking like a large potato. The fellow made a good recovery, being *one stone* lighter. This year I have had two cases in the hospital rather interesting. They both came about the same time—the right pleura cavity the seat of a very large effusion—both cases pointing over the stomach, one over the plyoric end, the other near the cordic end. The first I opened directly over where it pointed, drew off about 512 ounces at one sitting besides what continued to run away for the next two weeks. The case now is about well, scarcely no discharge for ten days. The other, I registered the place where it was pointing and introduced the needle between the seventh and eighth rib, repeating this operation for three successive times, with about week's interval, drawing off 864 ounces at the three sittings. Again in six days later, the point where it had been pointing all along so prominently seemed more than ever full. So the other day I ran a trocar directly into the point and drew off 384 ounces more, in all 1248 ounces. It is now running off at its leisure on the dressing, and the funny part of it all is the man has never had pleurisy (?) that he knows of. Believe me.

Ever truly yours, D. M. B. Thrum.

Prescriptions.

VOMITING IN CHOLERA.—Nothing has ever been so satisfactory in my hands as hypodermic injections of morphine and atropine. Bromide of camphor in the spasms of cholera acts very favorably. In extreme collapse, ether administered internally, or used as a hypodermic injection, vigorous rubbing with dry hot cloths answer far better than applying cloths wet with hot water, as the patient will be exposed to chill while changing; a friction brush can be used with advantage.

R. Sulphuric acid . . . . . fl. drachms v.
Tinct. opii deodorant . . . . fl. drachms iij.

M. Sig.—Ten drops every hour or two in sufficient water.

No one remedy has ever done as much good in arresting the diarrhœa of cholera as sulphuric acid. It is generally best to combine some opium with it. If there is a specific for cholera, I would name sulphuric acid.

DR. MASON.

WEST'S MIXTURE.

R. Ol. ricini . . . . . fl. drachms ii.
Pulv. acaciæ . . . . . .
Pulv. sacchari . . . . . aa, drachms ii.
Tinct. opii . . . . . m. xxi.
Aquæ cinnam., q. s. ad. . . . fl. ounces iv.

Mix. Dose: A teaspoonful, for children, in diarrhœa.

OPIUM, RHUBARB AND CAMPHOR.

R. Tinct. opii . . . . . .
Tinct. rhei arom. . . . . .
Spts. camphoræ . . . . . aa fl. drachm ½.
Tinct. cardam co. . . . . fl. drachms ii.
Aquæ anisi, q. s. ad . . . . fl. ounces iv.

Mix. Dose: A tablespoonful, for children, in diarrhea. —*Ex.*

HOT DROPS.

R. Tinct. opii . . . . . }
Tinct. capsici . . . . . }
Spts. camphoræ . . . . } aa fl. drachms ii.
Spts. menthæ pip. . . . }
Aquæ . . . . . fl. ounce i.

Mix. Dose: A teaspoonful, for adults, repeated every two or three hours; especially indicated where there are colic pains and stomach cramps. —*Ex.*

CHOLERA MORBUS.

R. Chloral hydrastis . . . . . drachms iij.
Morphiæ sulphatis . . . . . gr. iv.
Aquæ laurocerasi . . . . . ounces j.

M. Sig.—From fifteen to twenty minims injected hypodermically for cholera and cholera morbus. —*Ex.*

CHRONIC DIARRHŒA AND DYSENTERY.

R. Cupri sulphat . . . . . gr. j.
Morphiæ sulphat . . . . . gr. j.
Quiniæ sulphat . . . . . gr. xxiv.
M. ft. pil. No. xij.

Sig.—One pill three times a day. —*Ex.*

Dr. Bartholow says of the above prescription: "Of all the metallic astringents employed for this purpose, I know of none better or more effective than sulphate of copper. It is especially indicated where there are colic pains, and the stools contain mucus streaked with blood."

FLATULENT COLIC.

R. Tinct. nucis vomicæ . . . . . drachms j.
Acidi nitro muriatici dil . . . . drachms ij.
Spiritus chloroformi . . . . . drachms j.
Infus. gentianæ . . . . . ad. ounces vj.

Dose: Tablespoonful, three times daily after meals. —*Ex.*

IN CHRONIC DIARRHŒA AND DYSENTERY.

R. Cupri sulphat . . . . . gr. ss.
Opii pulv. . . . . gr. ss.
Conf. rosæ, q. s. ut fiat pil . . . . . .

Take three a day. —*Ex.*

IN DYSENTERY.

R. Catechu pulv. . . . . drachms ij.
Pulv. acaciæ . . . . . ounces ss.
Aqua . . . . . ounces vj.

Misce, A tablespoonful every two hours. —*Ex.*

ACUTE DYSENTERY.

R. Cupri sulph . . . . . gr. ss.
Magnes sulph . . . . . ounces j.
Acid sulph. dil . . . . . drachms j.
Aquæ . . . . . ounces iv.

M. Sig.—A tablespoonful every four hours. —*Ex.*

CHRONIC DIARRHŒA.

R. Bismuthi subnitratis . . . . . gr. v.
Morphiæ sulphat . . . . . gr. ½.

M. Sig.—This much two or three or more times daily.

This formula will often afford relief in these cases, though the influence of proper diet and change of surroundings should also be considered in treatment. —*Ex.*

CASTOR OIL MIXTURE.

R. Olei ricini . . . . . fl. drachms iv.
Mucil. acaciæ . . . . . drachms iv.
Tinct. opii . . . . . fl. drachms ii.
Tinct. rhei. arom. . . . . fl. drachms iv.
Aqua menthæ pip. q. s. ad. . . fl. ounces iv.

Mix. Dose: A tablespoonful, for children, in diarrhœa. —*Ex.*

HOPE'S MIXTURE.

R. Acid nitrici . . . . . m. viii.
Tinct. opii . . . . . m. xxxx.
Aqua camphoræ . . . . . fl. ounces viii.

Mix. Dose: A tablespoonful, in dysentery.

SQUIBB'S CHOLERA MIXTURE.

R. Tinct. opii . . . . . .
Tinct. capsici . . . . . .
Spts. camphoræ . . . . . aa fl. ounces i.
Chloroformi . . . . . fl. drachms iii.
Alcoholis q. s. ad . . . . . fl. ounces v.

Mix. Dose: Twenty to forty minims.

DIARRHŒA POWDER.

R. Bismuthi sub. carb . . . . . gr. ii.
Acid tannici . . . . . gr. i.
Pulv. ipecac co. . . . . gr. ¼.

Mix. One dose, for children, in diarrhœa. —*Ex.*

DIARRHŒAL MIXTURE.

R. Tinct. catechu . . . . . drachms vj.
Pulver. cret. aromat. . . . . drachms ij.
Tinct. opii . . . . . drachms jj.
Mucilaginis . . . . . ounces j.
Aqua cinnamonis . . . . . ad. ounces vj.

Take a tablespoonful after each liquid dejection. —*Ex.*

DIARRHŒA MIXTURE.

R. Tinct. capsici . . . . . fl. ounces i.
Tinct. catechu . . . . . .
Tinct. kino . . . . . .
Tinct. krameriae . . . . . aa fl. ounces iv.
Tinct. opii . . . . . fl. ounces iii.
Spts. menth. pip . . . . . fl. ounces ii.
Spts. camphorae . . . . . .
Aqua . . . . . aa fl. ounces iv.

Mix. Dose: Thirty to sixty minims. —*Ex.*

Clinical Reports.

LACTIC ACID IN THE TREATMENT OF EPITHELIOMA OF THE FACE.

By I. N. Bloom, A. B., M. D.
Dermatologist to the Louisville City Hospital, etc., etc.

[The Louisville Clinical Society. Stenographically reported by C. C. Mapes.]

This patient, Mr. M., aet. sixty-five years, is not a very robust looking subject, as you will observe. I was asked to see this case by Dr. J. W. Drake, of Parkland, during last November, and briefly reported the case at a meeting of this Society in January, not being able at that time to bring the patient before you. The history is: that six years ago he had a small crust on the cheek, which would heal and recur alternately until finally after eight or ten months it became a permanent little sore. Last July it began to grow rapidly and continued until the time Dr. Drake asked me to see the case, when there was a sore, including the induration, about the size of a silver dollar; the induration was perhaps nearly one-half inch in thickness, and in the center was a depression in which a copper cent could easily have been placed. This depression was so deep that both Dr. Drake and myself thought it might penetrate the cheek, and putting a finger inside the mouth we could feel a thinning of the wall although it did not penetrate. For certain valid reasons we agreed that it would be dangerous to administer chloroform or ether; for equally valid reasons we did not believe it safe to use cocaine. I suggested to Dr. Drake the advisability of employing the treatment advocated by Von Mosetig Moorhof—lactic acid—which I believe has never been used by others in this city, and we proceeded to make a paste composed of silicic acid and lactic acid, probably about fifty to sixty per cent. strength. This paste was mixed by Dr. Drake and applied by him. The first application caused the patient no pain. We then increased the strength by making the paste more fluid, and the result was some pain, not too great to be borne, and which lasted several hours. Applications were made twice per day for a week then once daily.

The case was one of typical epithelioma; the secretion was of that thin sero-purulent nature which is almost characteristic where there is any secretion; it bled readily; the induration was very decided and extremely hard, and circular in shape. This treatment was continued for six or eight weeks resulting in a perfect cure. I wish to call especial attention to the site of the cicatrix at the present time and its appearance. The cheek is perfectly smooth, and it requires a most careful inspection to determine where the epithelioma was. It is the most successful case I have ever seen. There were no enlarged glands at any time.

DISCUSSION.

Dr. W. L. Rodman:—I am very glad Dr. Bloom has brought this case before us, as it brings up an interesting question as to the pathology and treatment of epithelioma. In the first place the age of the patient, the appearance of the ulceration, and the specific character of it as described by Dr. Bloom, make it reasonably sure that the diagnosis was correct, although he does not say anything about having had a microscopical examination made. Practically the only ulcers we see about the face are epitheliomatous, syphilitic or tuberculous, and as I say I think the patient's age would exclude everything except epithelioma. While these ulcers are, I believe, benign in their course, if you can say that any malignant desease is benign, when you contrast them with malignant disease in other situations of the body, still it is a fact that treatment is not usually followed by the results that have been secured in this case. It has been said that I am partial to the application of caustics in epithelioma of the nose—I certainly am, and believe it is the only way to treat an ulceration in the situation that this patient had one. I think, however, when you get to the lip, that perhaps excision is the best thing to do.

I have never used lactic acid, and am obliged to Dr. Bloom for its introduction. I would like him to tell us exactly how it is prepared. There are a number of most excellent applications for epithelioma of the face particularly, and I will briefly describe two or three that I have used with a great deal of satisfaction. The one that I had the greatest number of successes with has been Michel's paste, which is made by taking chemically pure sulphuric acid and dropping it drop by drop into asbestos until a paste is made so thick that it will not run on the one hand, and too thick to be spread on the other. This is applied to the wound and makes a scab which falls off in the course of seventy-two hours to a week or ten days, owing to the size of the ulcer, and very largely to the fact whether or not the wound was dry when applied. If the paste is put on while the wound is still bleeding, it does not adhere very well and falls off too soon, therefore not doing its work as it should. This, I think, is one of the best applications.

It was originally a quack preparation but the owner of it was induced to make the formula public after a great many years.

The next preparation that I have used with satisfaction has been a solution of chloride of zinc, fifty per cent. strength. This is an excellent caustic, the one great objection however being that it causes considerable pain; the pain resulting from the application of chloride of zinc will sometimes last an hour after each application. Usually four or five applications are necessary for a cure to be effected.

Probably the best of all, and yet the one I have practically had the least experience with, but I mean to use it a great deal in the future, is a preparation known as Bougard's paste. It takes its name from the fact that it was introduced to the profession by that celebrated surgeon of Brussels, who has had most wonderful results in treating not only superficial ulcers but even well-marked schirrus of the mammary gland. This paste consists very largely of chloride of zinc, in fact it is the principal ingredient; in addition to this it contains a certain amount of corrosive sublimate, some arsenious acid, and cinnibar, rubbed up in wheaten flour. This paste is applied in very much the same way as Michel's, and is allowed to remain until it falls off.

Most of the superficial ulcers about the face will be cured by the application of one of these caustics, and when we consider the fact that the great majority of people are averse to the knife, and were the knife radically used in a situation like this it would necessarily entail a greater cicatrix than would result from the application of paste, I take it that we use the knife too much, and the paste too little; the objection to paste being very largely due to the fact that it has heretofore been almost exclusively employed by charlatans and very seldom used by reputable medical men.

Had there been any enlarged glands in the case reported by Dr. Bloom it would have been interesting to have witnessed the effect of the paste. I think it would not have been followed by anything like the result that has been secured.

Dr. J. W. Drake (*Visiting*):—The case in question had been under my observation only a few days when I called Dr. Bloom into consultation. No application had been made except a little simple ointment. It might be interesting to describe the action of the paste upon the sore in this case: At the begining we applied paste for the first few days once daily; it produced no pain whatever, and had very little effect apparently upon the sore. After four or five days we concluded to apply it twice daily, and after a few applications it began to burn very much; he described it to me as being a paroxysmal pain; for an hour it would burn intensely, then apparently get easy; perhaps in the afternoon pain would be felt, before a second application was made.

The paste was mixed with lactic acid and silicic acid, making it just stiff enough so it would not run off. Contrary to the remarks made by Dr. Rodman concerning the application of paste, it seemed to adhere better

when the ulcer was bleeding, and we always applied it after thoroughly cleansing the parts. The first beneficial effect was noticed upon the indurated surface which all disappeared before it seemed to have any effect whatever upon the center of the ulcer. For a week the paste was applied twice daily, then once per day for perhaps three weeks. At the end of that time just a little place was left not larger than a pin head, where a small quantity of pus formed every day; this spot was burned with nitrate of silver. Six weeks from the time the first application was made, nothing remained but a small slightly elevated scar, which has almost entirely disappeared since.

Dr. W. L. Rodman:—Last winter I had a case of epithelioma of the penis which I treated by means of caustics, not that I particularly desired to employ that form of treatment, but because the patient did not care to be treated in any other way. The patient was a very estimable physician aet. fifty-three years, living in a distant city. I had a letter from him about two weeks ago, in which he said that he had remained entirely well since leaving here six or seven months ago; that since returning home he had treated two cases of epithelioma about the face, one by the application of a fifty per cent. solution of chloride of zinc, the second case was treated with Bougard's paste; both of them were cured he thought, although the time was too soon to speak positively upon this point. He expressed a preference for chloride of zinc over Bougard's paste. We must not be led to take too optimistic a view of results about the face, when they yield to any kind of treatment, because they are of chronic character, many of them running ten, fifteen and twenty years. Most any kind of treatment will stop them for a time. I certainly wish to say that I prefer caustics rather than the knife in the treatment of these cases.

Dr. I. N. Bloom:—Dr. Rodman has given us a very good review of the use of caustics in the treatment of such cases. However, he has failed to mention one paste that is used perhaps more frequently than any other, i. e., arsenic paste. Arsenic enters into the composition of a great many pastes, or nearly all of them I might say. The objection to almost all forms of caustic is that it attacks the healthy tissues. Von Mosetig Moorhoof, in advocating lactic acid in the treatment of epithelioma, made this peculiar claim, which I am unable to affirm or deny, though my results in two cases bear out his statements exactly; he made the assertion that lactic acid had this peculiarity, that it would attack cancerous tissues and destroy it, but would not have any effect upon healthy tissue. That alone, if confirmed, (and as great a surgeon as Von Mosetig Moorhof's assertion is worth at least a careful investigation), would make lactic acid the prince of all caustics in this disease. In the case reported I know that not an iota of unaffected tissue was involved in the cauterization. As Dr Drake has said the beneficial effects were first noticed upon the induration, which began to rapidly disappear after the first few applications, growing smaller and smaller until both the induration and ulcer disappeared entirely. The

ulcer was a deep hole, surrounded by indurated, elevated, thick walls. Several years ago I had a patient at the Norton Infirmary, a lady who was suffering with an epithelioma of the face, and I tried the same preparation upon her. I only used it a week or two, and she complained a great deal of pain from the application. I went away and turned the patient over to an assistant, requesting that he carry out the treatment. I do not think he applied it more than a few days, when the patient complained of so much pain that he was led to desist. When I returned the epithelioma was as bad as it ever was. She finally died of another trouble in the hospital. The case shown you tonight is certainly a remarkable one, and if the assertion of Von Mosetig Moorhof is confirmed, lactic acid paste as a caustic will bear future investigation.

As regards quacks: I think we are constantly learning from quacks, and it may not be out of place to cite the following case. It was a case in which as great a surgeon as Dr. David W. Yandell concurred in the diagnosis. A lady residing in this city had a cancer of the breast; her family physician was Dr. J. M. Bodine. The cancer had advanced to such an extent that when he saw it in consultation with Dr. Yandell, the latter pronounced the case inoperable; that the woman would not live; that it was useless to operate. She had enlarged glands under the arm besides almost total destruction of the breast, and the case was supposed to be an hopeless one. She fell into the hands of a quack, who applied pastes, and perhaps ten years afterward she consulted me for treatment of another disease, and died four years ago of Bright's disease, fourteen years after operation for cancer by the quack. She showed me a jar which was supposed to contain the roots of the cancer, and I also saw the cicatrix, the glandular tissue of the breast had been entirely destroyed. She never had a return of the disease or any annoying symptom. This case proves that the claims of these men in many instances are true as applied to apparently hopeless cases of cancer.

Kaposi cites a cure which he performed by the use of pyrogallol, which he believed to be the best of all remedies in the treatment of epithelioma, in which a medical man had a cancer occupying half of his head, extending down the face; he regarded the case as hopeless, but applied pyrogallic acid, and the result was a cure. To offset this Dr. Bullitt, of this city, told me of one or two cases of simple epithelioma in which he tried the same treatment with pyrogallic acid, and no curative effect was produced at all, so that as Dr. Rodman has very aptly said, we should not be too positive or too confident of the result in these cases.

I believe in the case shown tonight the cure is permanent. I do not think there will be a return.

Dr. S. G. Dabney:—I would like to ask whether any of the members have used lactic acid locally in the last few years in tuberculous ulcers of the larynx. It was very well-known a few years since and regarded as a valuable remedy in the treatment of tuberculous laryngitis, but seems not

to be so much used now. I employed it in a few cases, but could not see much effect. It has been observed that lactic acid attacks not only epitheliomatous tissue, but tuberculous tissue as well. I would like to hear the experience of those present as regards its local use in tuberculous conditions.

Dr. Louis Frank:—I have seen it applied in one case of lupus. It was a case that had been treated by almost all other known remedies without any apparent benefit. The patient for a long time was under the care of Gearhardt in the medical clinic at one of the hospitals in Berlin. Finally the case fell into the hands of Joseph, who applied lactic acid in solution, it being applied on a mop made by wrapping absorbent cotton into a ball on a pair of forceps, and with this rubbing the patches very vigorously until bleeding was produced. I saw the case quite a number of times, the treatment extending over four or five weeks, and when last seen there was no more elevation at all, but a perfectly smooth cicatrix. He rubbed the lactic acid on the patches until bleeding was produced, and claimed that its effect was only upon the tuberculous tissue. The nodules gradually peeled out and the skin became perfectly smooth.

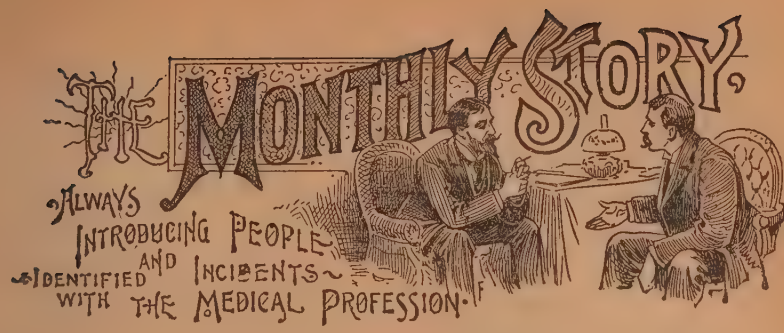
Another case treated in the same way was one under the observation of Lassar, an American physician, who was then a resident of Cincinnati, in which there was a great deal of improvement. He had a patch on the forehead between the eyes, and another on the angle of the jaw. He was treated for several months, and when I last saw him there was considerable improvement, the spot on the forehead having entirely healed, a few however remaining at the angle of the jaw. What the final outcome of this case was I do not know.

THE LATEST RECONSTRUCTIVE, NERVE TONIC AND RESTORATIVE.

If I should die to-night—
And you should come to my cold corpse and say,
Weeping and heart-sick, o'er my lifeless clay,
If I should die to-night—
And you should come, in deep grief and woe,
And say, " here's that $10 I owe,"
I might rise up in my great white cravat,
And say, " what's that?"

If I should die to-night—
And you should come to my corpse and kneel,
Clasping my bier to show the grief you feel,
I say, if I should die to-night,
And you should come to me, and here and then
Just even *hint* about paying me that Ten,
I might arise a while—but I'd drop dead again.

—*By E. B. Jackson.*



[A Story from the Diary of an English Doctor.]

CREATING A MIND.

By Clifford Halifax, M. D.

"AYE, do," said the Squire; but you know just as well as I do, Halifax, that the unfortunate child has got no mind—that accounts—that accounts——" he paused—the pink spots grew brighter on his cheeks.

"I must send for my man of business," he said, speaking with great excitement, "I cannot rest until I have made a suitable disposal of my property—the dream about that child inheriting it is at an end."

"Now listen to me," I said, in a firm voice; "unless you wish your heir, whoever he may be, to step into possession at once, you are to attend to no business at present. You have met with a serious accident—a very little more, and your life would have been the forfeit—as it is, you are making a splendid recovery, but excitement and worry will throw you back. In short, if you do not remain quiet, I cannot be answerable for the consequences. With care and prudence, you may live to manage your own property for many years. I am very sorry that you saw that little fellow to-day—the thing was done without my permission. I am going downstairs, however, to examine him thoroughly, and will give you my verdict on his case when next I see you. Now you are to take your medicine and go to sleep. Nurse, come into the room, please."

The professional nurse whom I had engaged to help me entered from the dressing room. I gave her some directions, desired her to admit no one, and went down stairs.

Miss Norreys was anxiously waiting for me—she came out of her boudoir to meet me.

"Is my father worse?" she asked.

"I hope not," I replied; "but why did you bring that child into his room without my permission, Miss Norreys?"

"Oh, it was Orian," she replied; "she would not be reasonable, she seemed carried out of herself by excitement and distrees. It was as much as I could do to keep her from bringing the boy to my father herself. Of course, I know *now* why she kept him away all these months; but she thought—she hoped—that my father might not notice how things were with the child while he was so ill himself."

"You both did very wrong." I answered.

"Of course, Mr. Norreys could not fail to observe the child's strange condition. By the way, I should like to see the boy again."

"Orian is only too anxious to consult you about him," replied Miss Norreys. "Will you come in here?"

She led me again into her boudoir, said, in a husky voice, "I have brought Dr. Halifax to see you, Orian," and closed the door behind us.

Mrs. Seymour was standing near one of the windows—the boy sat on a sofa facing the light. He was looking as usual up at the sky. The mother started when she heard my name, and gave me a quick glance.

"Come here," she said; you can see him well from here. He won't mind—he never notices, never—he loves the light, he hates the dark—he has no other loves or hatreds. It's easy to satisfy him, isn't it?"

She glanced at me again as she said the last words, tears brimming over in her eyes.

"My sister tells me that you know something of my story, Dr. Halifax," she continued. "I have heard of your name, and I am glad to make your acquaintance. Agnes wishes me to consult you about the boy, but I do not think there is anything to consult about. Anyone can see what is wrong—he has no mind. He is just beautiful, and he is alive. Even the cleverest doctors cannot give baby a mind, can they?"

"I should like to ask you a few questions about him," I said in reply.

I sat down as I spoke and took the boy on my knee. He did not make the slightest objection to my handling him, but when I turned his face away for a moment from the bright light which streamed in from the window, a spasm of unrest seemed to pass over it. I felt the little head carefully; there was no doubt whatever that the child's intellect was terribly impared: one arm and one foot also turned inwards—an invariable sign of idiotcy.

While I examined the child the mother stood perfectly still. Her hands were locked tightly together; her attitude was almost as impassive as that of the baby himself.

She had expressed no hope a moment before, but when I looked up at her now, her "Well?" came in a hoarse and eager whisper.

"I can tell you what is the matter," I said; "the state of the child's head makes it abundantly clear. He is a very finely made child—see his shoulders, and the size of his limbs generally—observe, however, how small his head is in proportion to the rest of his frame. That smallness is at the root of the mischief. The little fellow is suffering from premature ossification of the cranial bones. In short, his brain is imprisoned behind these hard bones and cannot grow. The bones I refer to should, at his tender age, be *open*, to allow proper expansion of the growing brain."

"He was born like that," said Mrs. Seymour. "The nurse told me so when he was a few days old. She said that most babies have a soft spot on the top of the head, but my boy had none."

"When he was quite an infant did you notice anything peculiar about him?"

"He was very bright and intelligent until he was three or four months old."

"Yes," I continued: "and after that?"

"One day he was taken with a violent attack of screaming, which ended in a sort of fit—we sent for a doctor, who attributed the convulsions to teething, but after that the child's mind seemed to make no progress. He still knew me, however, and used to smile faintly when I approached him. This continued for some time, but of late he has

ceased to notice anyone—in fact, as I said just now, the only pleasure he has is in turning to the light. Oh, his case is hopeless, and," she added, with passion, "he is all I have got."

Tears gathered in her eyes, but none fell—she turned her head away to hide her emotion. When she looked at me again her manner was quite quiet.

"My father has offered to make the little fellow his heir," she said; "but, of course, after to-day, he will put such an idea out of his head. I do not think I care very much now whether Cyril is his heir or not, but I should be glad, if in any way possible, to have a reconciliation with my father."

"I am afraid you must not see him to-day," I answered; "it would never do for him to know that you are in the house. He is going on well, so you need not be anxious about him, but you must have patience with regard to seeing him. As to the child," I continued, "most people would consider his case hopeless, but I am not at all sure that I do."

"What can you mean?" she exclaimed. "Cyril's case not hopeless! Surely I don't hear you aright—not hopeless! Speak, Dr. Halifax—your words excite me—speak, tell me what you mean."

"I will tell you after I have considered matters a little," I said. "An idea has occurred to me—it is a daring one; when you hear of the thought which has visited me, you may recoil from it in horror, but I cannot divulge it, even to you, until I have thought it over carefully. I will see you again on the subject in an hour or two."

A brilliant rose-color had come into Mrs. Seymour's cheeks, her beautiful eyes grew full of light.

"You think that I won't consent," she said, "to *anything* that offers a gleam of hope! Oh, think of your plan as quickly as possible and let me know."

I said I would do so—my heart ached with profound pity for her. I went out of the house and took a long walk. During the walk my idea took shape and form. The child's case was so hopeless that, surely, strong measures were justifiable which had even the most remote possibility of giving him relief. I felt inclined to do what had not, to my knowledge, been yet attempted, namely, to try to give relief to the imprisoned brain.

When I entered the house the Squire was awake, and was asking to see me. I went up to him at once. He was no worse, and the eagerness which filled his eyes to learn my news with regard to the boy made me resolve to speak to him quite openly on the subject. I gave him a brief account of what I considered the state of the case—then I told him what I wished my line of treatment to be.

"I propose," I said, standing up as I spoke, for the thought of what I was about to do filled my mind with profound interest—"I propose to open the casket where the child's mind is now tightly bound up, and so to give the child's brain a chance of expansion."

"I don't understand you," said the Squire.

"It is difficult for me to explain to you the exact nature of the operation which I hope his mother may permit me to perform." I continued. "I admit that it is an experiment, and a tremendous one; but I know a clever surgeon who can give me invaluable assistance, and, in short, I am prepared to undertake it."

"Suppose you don't succeed," said the Squire, "then the child—"

"The child may die under the operation," I said, "or he may live as he now is."

"And if successful?" continued Squire Norreys.

"Then he will be as other children."

The Squire was silent. After a long pause he said, "And you think the mother will consent to such a risk?"

"I can but ask her," I responded; "I am inclined to believe that she will consent."

"You are a queer fellow, Halifax; your enthusiasm excites even my admiration; but pray, why do you tell *me* all this?"

"Because I want you to abide the result of the operation."

"How long, supposing everything goes well, shall I have to wait?"

"Between three and six months."

"I may be in my grave before then."

"Not likely—you are already better. Nothing will be so good for you as hope. Live on hope for the next six months, and give your heir a chance."

"You're a queer man," repeated the Squire. He said nothing further, but I knew by his manner that he was prepared to abide by the issue of the operation.

I saw Mrs. Seymour soon afterwards, and explained to her as fully as I could the idea which had taken possession of me.

My few words of the morning had already given her hope. She listened to me now with an enthusiasm which gave me as much pain as pleasure—her longings, her passionate desires, had already swept fear out of sight—she was eager, excited, restless, longing for me to try my skill upon the child. I told her that my idea was to divide certain portions of bone in the skull, so as to allow the closed-in brain to expand properly.

"It seems to me," I said, "the common-sense view of the matter to take some steps to give the cramped brain room for expansion. The child is healthy. With extreme care, and with all that surgical skill can devise, I cannot see why such an operation should not succeed. At the same time I must not mince the matter; if it fails, there is danger, great danger, to life."

The boy was seated in a perfectly impassive attitude on his mother's knee. She squeezed him close to her when I said this, and gave me a quick glance from an eye of fire.

"The operation will not fail," she said.

"I believe it will succeed," I answered her. "In any case, I should advise it. The child's present case is so hopeless and deplorable that, in my opinion, very great risk is justifiable in any surgical interference which offers even a hope of cure."

"I consent," she exclaimed—she sprang up as she spoke, and still holding the boy to her breast, pulled one of his little arms around her neck—"I consent," she repeated. "If his father were alive, he would wish it. When can the operation be performed, Dr. Halifax?"

"As soon as possible," I answered. "Your father is now out of danger. Granted nothing unforeseen arises, he will completely recover from his accident—there is nothing to prevent my leaving him, more particularly as a telegram has arrived from Dr. Richards, who hopes to reach here this evening. I propose, therefore, that you and your boy return to London with me to-night. I can see Terrel, the surgeon whose assistance I wish to secure, to-morrow morning, and all arrangements for the operation can be quickly made."

"Very well," she replied, "I will be ready."

That night Mrs. Seymour, her nurse, and the boy accompanied me to London. We arrived there soon after midnight. Mrs. Seymour had rooms in Baker Street; and, when I saw her into a cab at Euston, I promised to call there at an early hour on the following morning.

I went to my own house to spend an almost sleepless night. Soon after eight o'clock on the following day I went off to see Terrel. He was one

of the cleverest surgeons of my acquaintance, and I was anxious to talk the matter over with him in all its bearings. He was startled and amazed at what I proposed to do, but after much argument and consultation, admitted that my plan was feasible. The obvious common-sense view of opening the skull to give the imprisoned brain room for expansion appealed to him forcibly. He offered to give me all the help in his power, and we decided to perform the operation the following day.

I went straight from Terrel's house to Mrs. Seymour's lodgings, and told her of the arrangements we had made. She came to greet me with extended hands of welcome. The brightness of renewed hope still filled her eyes, but something in the expression of her face showed me that she had also passed a sleepless night.

Having described to her what preparations she ought to make, and further telling her that I would send in a good professional nurse to take charge of the case that evening, I went away.

The next morning Terrel and I, accompanied by the anæsthetist, arrived at the house. All was in readiness for the operation, and when we entered the bedroom where it was to take place, Mrs. Seymour appeared almost immediately, carrying the little boy in her arms.

"Kiss me," she said to him, eagerly—there was such passion in those words, that any spirit less firmly imprisoned must have responded to them. But light—light, was all that baby needed just then; as usual, his eyes turned to it. The mother pressed him to her heart, printed two kisses on his brow, and put him into my arms. Her look of eloquent pain and hope almost unmanned me. As she was leaving the room I had to turn my head aside.

Doctors, however, are a race of men who have little time to give way to mere sentiment. I soon turned with eagerness to the delicate task which lay before me. The baby was put immediately under an anæsthetic, and when he was unconscious I proceeded quickly with the operation. Briefly, what I did was somewhat as follows: Having laid back the coverings of the skull over those parts where I proposed to divide the bone, the long openings and the shorter transverses were successfully accomplished without injury to the delicate membranes underneath them, and I had the satisfaction of seeing the trenches which I had formed widening under my manipulation. Every detail of antiseptic dressing was carried out with scrupulous care, and the operation was finished without any untoward event. It took altogether an hour and a half. When I laid the little fellow back in his cot, and called the mother into the room, I felt sure that she knew by my face how hopeful I felt with regard to the result. She was white to the lips, however, and quite incapable of speech.

I left the house with the most extraordinarily mingled sensations of relief, triumph, and anxiety which I have ever experienced.

The suspense of the next few days can better be imagined than described. The gradual but sure dawning of hope, the fact that no bad symptoms appeared, the joy with which we noticed that the child rallied well! In three days my fears had nearly vanished. There was already an improvement in the child's intelligence—in a week's time this improvement was decisive. He no longer sat absolutely still—he began to take notice like other children—he ate and slept fairly well.

On the tenth day I dressed the wound, which was healing fast. One month after the operation I heard the boy laugh—he turned his head away, too, when I entered the room, and hid his face shyly against his

mother's breast. His behaviour, in short, was that of an ordinary infant of from six to eight months of age. Mrs. Seymour looked up at me on this occasion—my thoughts must have been plainly written on my face—for the first time during all these trying days she burst into tears.

"I cry because I am happy," she said, with a gasp in her voice. "He knows me, Dr. Halifax—baby knows his mother—you have seen for yourself how he has just distinguished between me and a comparative stranger."

"I congratulate you from my heart," I replied. "So far the success of the operation has been magnificent, but I should like to wait a little longer before I say anything to the Squire."

The months went by—the improvement in the child continued—the imprisoned brain developed with rapidity—the intellect seemed to expand with leaps and bounds. I saw the boy on his third birthday, and in every respect he was almost up to the average child of his age. I had made up my mind that the time had come to see Squire Norreys, when one day, a foggy one in late November, his card was put into my hand. I had just seen the last of my morning's patients, and was preparing to go out. I desired the servant to show the Squire into my consulting-room immediately. I could not help starting when he entered the room. He was a splendid looking man of a type fast dying out. His olive complexion, his black eyes, and sweeping black moustache were in strong contrast to his abundant white hair, which was cut close to his head. There was no trace of weakness or illness about him now—he walked into the room with a firm step, carrying his great height well. He gave me one of his keen glances and held out his hand.

"How do you do?" he said. "I happened to be in town, so I thought I'd call. I am, as you see, quite myself again."

"I am delighted to see that you are," I answered. "It needs but a glance to tell me that you have made a splendid recovery. Won't you sit down?"

"I am rather in a hurry," he replied. He took a seat nevertheless and looked at me. I saw the questions in his eyes which his lips refused to ask.

"I am particularly glad to see you," I said. "The fact is, I was just about to write to you."

"It occurred to me that I might hear from you about now," he answered, in a would-be careless tone.

"Yes," I said, "I was going to propose to come to see you."

"Then," said the Squire, his voice getting a little rough, "you have news about—about my grandson?"

"Yes," I said, "I should like you to see him."

"Look here, Halifax," he exclaimed, eagerly, "is there any use in it? With all your cleverness, you know, you can't give a child like that a mind. I came here to-day because I gave you a sort of tacit promise that I would take no steps with regard to my property for a few months' time, but this kind of thing can't go on. I don't wish to lay up anxieties for a future deathbed; all must be settled now."

"All shall be settled now," I said. "Will you stay here, or will you come back again within an hour?"

"What do you mean? What folly is this?"

"Will you come back here within an hour and see your grandson? After seeing him you can then decide at once and forever the question which worries you."

"You think him better, then?"

"I do."

"Remember, no half-witted person shall inherit Hartley Castle."

"The matter will lie in your own hands," I replied. "I should like

you to see your grandson. I can bring him here within an hour; will you wait to see him?"

"All right," he replied.

My carriage was at the door—I jumped into it and drove straight to Baker Street. Mrs. Seymour was in. The boy was playing vigorously with a wooden cart and horse. He was using manly and emphatic action with his wooden steed—he was, in fact, quite noisy and obstreperous. No trace of any wound disfigured his face—his wealth of beautiful curls was flung back from a white brow.

"Capital," I said, as I entered. "Now, Mrs. Seymour, I want to borrow this boy for an hour."

"Why?" she asked.

"His grandfather is waiting to see him at my house."

"Oh, then, I'm coming too," she said at once. "My father shan't have Cyril without me—I am resolved."

I stared at her for a moment—then I said: "Very well; get ready as fast as you can."

In three minutes' time we were driving back to Harley Street. The boy could not speak much yet, but he called his mother "Mummie," and constantly turned to look at her with eyes brim full of love. We entered the house, and I took the two straight into my consulting-room. The Squire started up when he saw them; a look which I can scarcely find words to describe filled his eyes—a sort of starved look, of sudden rapture; he scarcely glanced at the child, who walked as upright as a little soldier by his mother's side; all his gaze was given to her; he made an effort to frown and to be severe, but it was a poor pretence, after all.

"Cyril, this is your grandfather," said Mrs. Seymour. "Come and speak to him at once."

The Squire sank down again in his chair—he was almost weak from emotion—not a single word, good or bad, had yet passed his lips. Mrs. Seymour took the child and placed him on his grandfather's knee.

The little fellow turned and looked full up into the stern old face; the mother knelt on the floor at his side. The boy's brow puckered—his lips pouted for a moment as if he would cry, then something bright attracted his eyes—he made a violent tug at his grandfather's chain, and pulled his watch out of his pocket. With a laugh he turned to his mother, and held the watch to her ear.

"Tick, tick, mummie," he said.

"'Pon my word, I'm blest," exclaimed the Squire.

When he said these words I left the room.

It goes without saying that all went right after that. When last I heard of Squire Norreys, I was given to understand that he was much bullied by his grandson, who, in short, rules everyone at Hartley Castle. Mrs. Seymour, who, of course, is completely reconciled to her father, told me this in her last letter.

Here is a recipe for preserving ice in a pitcher of water: "Fill the pitcher with ice and water and set it on the center of a piece of paper; then gather the paper up together at the top and place the ends tightly together, placing a strong rubber band around the coil to hold it close, so as to exclude the air. A pitcher of ice-water treated in this manner has been known to stand over night with scarcely a perceptible melting of the ice." —*Tribune.*

A NEW KIND OF DEATH.

At a young ladies' seminary during an examination in history, one of the pupils was interrogated thus:

"Mary, did Martin Luther die a natural death?"

"No," was the reply. "He was ex-communicated by a bull."

The sympathetic neighbor, learning that the doctor was going to "diagnose" Mrs. Dolan's case, advised her not to risk it; to put on a mustard plaster instead, and trust to luck.

"It does beat all," said Farmer Corntossel, "how often ye hear of folks leadin' double lives in these big cities."

"Yes," replied his wife, "I see that only the other day there was a pair of Siamese twins born there."

OF PHYSIOLOGICAL INTEREST.

The Japanese will soon be home and bring their *teals* behind them.

What is the use of seeking wealth,
Destroying soul and brain?
Since folks declare, who have been there,
It nothing gives but pain.
But ah, the secret here we greet;
It is the kind of pain that's sweet.

He: The doctor has told me to take a walk every evening for exercise, but he says I ought to have some object in view.

She: Why not think of home?

CONCEDED.

"Now, doctor, you must admit that young Dr. Pellets is an ornament to the medical profession."

"Um—yes. That is it exactly; an ornament. Certainly."

"He has yielded his life for me," she moaned. The tempest tossed her hair in wet ringlets over her face, she heeded it not. "And his was a double life, too."

Mr. King: "Do you think, as they are now discussing, that chess has an injurious effect on the mind?"

Mrs. Queen: "Indeed, I do. If I had to keep as still as a chess player does, I'd explode."

NEW AILMENTS.

"Strange, ain't it, the new kinds of ailments folks has?" remarked Mr. Simri Smith, after reading his newspaper.

"Now I've been a-reading an advertisement in here of a new medicine, and it says it's dreadful good for a sluggish liver."

"Liver trouble ain't no new disease, pa," responded Mrs. Smith. "I remember grandfather having liver trouble when I wasn't more'n than ten years old."

"I was a-saying that this medicine was good for sluggish liver, Martha Ann, and what beats me is how them slugs get inside the liver, anyhow."

TOO MUCH CURIOSITY.

"What beautiful children. Are they twins?" said an old bachelor, to an Austin lady with two children.

"Oh, yes, they are twins," replied the lady.

"Excuse my curiosity, madam; but are you the mother of both of them."

Stout Party: Spare diet, long walks, etc., I could have managed all that without coming to this expensive watering place."

Doctor: "Yes; but you forget the annoyance occasioned by the high prices which itself will go a long way toward reducing your weight."

Mr. Billus: I've had a roaring in my head all day. I think I'll consult a doctor about it.

Mrs. Billus: "Hadn't you better consult a wheel-wright?

HELP THE SICK.

"It is more blessed to give than receive."

"What is?"

"Medicine."

Johnny: "Doctor, if I was to ask you whether it's going to hurt or not, would you tell me the truth about it?"

Dentist: "I certainly would, my boy."

Johnny. "Then go ahead and pull it out without telling me."

Little Roger: Pa, what are the three elements?

Pa: Fire, water and air.

Little Roger: Then, what are political elements?

Pa: Fire-water and wind.

A WELL PAID HUMORIST.

That old doctor is a funny fellow.

Yes, indeed. He's always taking somebody off.

ONE FOR HIS KNOB.

Mr. Fidds: Tell me, doctor, does hair dye injure the brain?

Doctor Goup: It depends entirely upon the person who uses it. It is harmless in most cases as people *with* brains rarely resort to it.

"The operation," said the surgeon gently to the man who had just met with an accident, "will be very painful. I strongly advise you to take an anesthetic."

"No," said the sufferer, "I think I can bear it. I have been used to shaving myself."

Losing caste—an operation for strabismus.

"No," murmured the doctor, when an angry patient asserted that his bill was robbery; "it is only a little pillage."

TOO MUCH OF A GOOD THING.

Patient: "I just dropped in to see you, doctor, and to say that I am entirely recovered."

Doctor: Is that so? I wish you would drop in oftener."

Dr. Feesic: Yes, but gout is very insidious. It kills a man inch by inch.

Mr. Portwein: Wow! don't you mean foot by foot.

Some doctors spend their money just like water; and yet they don't get it from the well.

A WONDERFUL CURE.

Carker (calling on a friend): "Mercy! What is that frightful shouting up-stairs."

Servant: "That is Mr. Barker, sir."

Carker: "Why, I thought he had lost his voice?"

Servant: "He had sir; but he has just received the doctor's bill."

REPRESENTATIVE PRACTITIONERS.

(*Fourth Group.*)

The success and popularity of our groups of Representative Practitioners becomes more apparent each month. The hearty endorsement of the plan, and encouraging words spoken by our esteemed contemporary *The New York Medical Record* have been of material aid to us. A number of other medical journals second only in importance and influence to *The Record*, have commented favorably in regard to it, and evince a lively interest and curiosity in the subject. We are free to acknowledge that we have never hit upon so effective a method of giving prominence and adding to the popularity of our JOURNAL. This is especially denoted by the great amount of favorable comment called forth from all sides; the large number of sample copies demanded of us; and best of all, by our rapidly increasing number of subscribers and friends. Next month the group will be made up for the most part of representative practitioners of Minnesota. As hitherto; we can invite only a few of the many who are a credit to their calling in that state to loan us their photographs.

It has been said, truthfully we think, that doctors play a more important part in the development of a new country than the members of any other profession or calling. What words of praise can adequately describe the credit due to the sterling qualities that in so brief a time, have carved a great and populous state from a pathless wilderness, that, within the memory of the writer, who is by no means an old man, have transformed the site of the Twin Cities from a favorite haunt of sportsmen into busy marts of commerce. Men who have had a hand in this great work will make up our next group of Representative Practitioners.

Our present group is composed mostly of members of the medical profession in Wisconsin, with a goodly sprinkling of New Yorkers. It is interesting to note the different characteristics of the East and the West here illustrated. We said when we published the pictures of the Michigan doctors that we did not expect to be able to collect another so *good-looking* a group, but all must admit that here is a second that is a formidable rival.

Especial attention is called to the large number of the present group who are members of distinguished societies, many of them officers in the same, past and present. We have selected the Hon. Charles E. Quigg, M. D., of Tomah, Wis., to lead the list.

1. He was born at Ticonderoga, N. Y. in 1851. He is a graduate of Belfast Medical College, Belfast, Ireland, and of the Bennett Medical College, of Chicago, Ill. Dr. Quigg has attained to eminence in his profession. He is naturally endowed with the qualities that make the successful physician and surgeon and these added to his thorough knowledge of medicine and surgery qualify him in an eminent degree for the practice of his profession. His extensive and lucrative practice is not exceeded by any physician in western Wisconsin. He is a member of the State Eclectic Medical Society, and was in 1891 president of the State Central Medical Society. He is also a member of the National Eclectic Society and has twice been elected a delegate to represent the state of Wisconsin in that body. Dr. Quigg is a public spirited citizen and has done much to promote the interests of Tomah. He is now serving his fourth term as mayor of that city and has also served five terms as its health commissioner. He was a member of the Wisconsin legislature in 1893 and '94.

2. Ben. F. Harris, M. D., age 30, born at Ironton, Ohio, is a graduate of Ironton High school. He studied with Drs. Wilson and Gray, of Ironton, attended lectures at Miami Medical College, of Cincinnati, graduating from that college in spring of '87, and removed the same spring to Antigo, Wis., where he still is located. He has always enjoyed a good practice which he deserves on all accounts.

3. Edson Rhodes, M. D., of Galesville, was born in 1862, the son of a Wisconsin farmer. After a district school education he graduated at the First State Normal school at Winona, Minn., and then attended Ann Arbor Medical College two years. Afterward Rush Medical College, graduating in 1883. He practiced in Winona, Minn. for two years and has since practiced at Galesville. He has the largest practice in the county and requires an assistant most of the time. After leaving Winona Dr. Rhodes spent a year in the hospitals of New York and Brooklyn. He was also a resident physician at the Cook county infirmary at Chicago for one year.

4. Dr. J. H. Alexander, of Mukwonago, Wis., graduated in 1887 at the Bennett Medical College, of Chicago. He was born in the town of Lima, Wis. 43 years ago, was raised on a farm, and received a common school education. He then took up the study of medicine, and after graduating located at Dayton, Wis, remaining there one year. From that place he moved fo Mukwonago, where he has remained ever since enjoying an excellent practice. He was recently elected president of the state eclectic medical society for 1895.

5. Dr. H. A. Holliday, of Amery, Wis., was born in Calumet county, Wis., June 23, 1863. He taught school for five years, after which entered the college of physicians and surgeons of Chicago, from which he graduated, after a three years course in the class of of 1888. Dr. Holliday immediately located in Amery, Polk county, Wis., and has been in successful practice there ever since. In the fall of 1894, he took a course at the post graduate medical school of Chicago. He was coroner of Polk county from the fall of 1888 to 1894.

6. Dr. James S. Sorenson was born in August, 1857, graduated from Rush Medical College, Chicago, in 1890, and shortly afterwards began practicing medicine in Shiocton, Wis. He remained there for something over a year, when he removed to Fort Howard, Wis., and entered into partnership with W. H. Bartran, a prominent physician of Fort Howard and Green Bay. After a year's practice in these two places he returned to Shiocton, where he has since resided with a constantly increasing practice. He is a member of the State Medical Society, of Wis., and also of the Fox River Valley Medical Society.

7. Dr. R. Freeman, M. D., of Colby, Wis., was born in St. Lawrence county N. Y. in 1840, was raised on a farm and received a common school education. In 1861 he enlisted in the 60th N. Y. infantry for three years. He was in several great battles including Antietam, Chancellorsville, Gettysburg, and Lookout Mountain, where he was severely wounded; after this he spent several months dressing wounds in a hospital in Chattanooga. Dr. Freeman received his medical education at the medical department of the University of Vermont, graduating in 1873. He removed to Wis. in 1875 where he has practiced, as he says, with the usual experience of a "back woods country doctor." He has been examining surgeon for pensions for several years and is examining surgeon for several of the best insurance companies in the U. S., likewise surgeon for the Wisconsin Central Railroad.

8. B. G. Jurgensohn, M. D., of Manawa, Wis., was born in Lioland Russia, February 23d, 1858. He received his education there. At the age of nine passed his examination into the Imperial Gymnasium at Dorpal, and went through its seven classes. He then entered the Imperial University at Dorpal inscribing as a student of zoology and natural sciences. Studied zoology two years during which time he held the position of conservator of the imperial zoological cabinet and assistant to the chair of zoology. Afterward he began the study of medicine and pursued it 'till 1884. He came to the United States the same year, traveling for several years. He settled in Wisconsin in '88 and began to practice medicine. In '91 he went to Chicago and graduated at Bennett Medical College. The following year was appointed examining surgeon of the bureau of pensions, and is now secretary of the New London, Wis. Board.

9. Edward Howard Jones, M. D., graduated at Rush Medical College in 1883, at the age of 24. Began the practice of medicine at Ridgeway, Iowa

the same year. The following year removed to Weyauwega, Wis., at which place he has since resided. He was appointed U. S. pension examiner during the first part of Harrison's administration and still retains this position. Is a member of the Northwestern Wis. Medical Association, and Wis. State Medical Society. Beginning his professional life under great pecuniary disadvantages he has by close attention to business and an untiring zeal for his profession surmounted these obstacles and built up an enviable and lucrative practice.

10. Dr. D. C. Munger, of Maiden Rock, Wis., was born in Minn. in 1863. He first studied with Dr. Chas. A. Boyd, of Lewistown, Minn., during the greater part of three years. He took care of team, office, and drugstore during the day and at night, and used to get up any and all times and go with Dr. Boyd into the country in order to get as much experience as possible before entering college. Dr. Munger graduated at Rush Medical, Chicago, in 1888. He started professional life at Maiden Rock, where he has been in active practice ever since. He is now a member of Wis. Inter-County Medical Society, was elected representative to the State Medical Society, which meets at Superior, Wis., June 19–20–21, the present year.

11. Dr. E. A. Bass, of Montello, Wis., was born in Inland, Iowa, 1860. He was brought up on a farm. After a course of high school study he entered Beenett Medical College, Chicago, Ill. in fall of 1881, graduated three years later and in spring of 1884 formed a partnership with a fellow student at Markesan, Wis. Six months later was located in Dodge county, and after three years moved to his present home where he is meeting with deserved success in the practice of his profession.

12. Dr. Granville R. Norris, of Rio, Wis., was born in Kentucky 1867, and emigrated to Kansas with his parents in 1871 where he received his education in the district and high schools. He began the study of medicine with Drs. Grinnel and Black, of Peabody, Kas., in 1861, and took his first course of lectures the following year at the Eclectic Medical Institute, Cincinnati, Ohio. He practiced medicine two years previous to graduation, one year in Arkansas, and one in Oregon. He finished his college course, and received the degree of M. D. from the American Medical College of St. Louis, Mo., in 1892, immediately locating at Rio, Wis., where he has since conducted a good and growing practice. Dr. Norris was married May 8th, of the present year to Miss Minnie Mitchell, of Peabody, Kansas.

13. Dr. E. Was, of Oostburg, Wis., is a native of the Netherlands, born in 1858. He graduated from a high school there in 1877. After one year, he began the study of medicine with his father, and followed his instructions and practical teachings only until January, 1882. In May, 1882, he arrived in New York. In September of the same year attended Rush Medical College of Chicago, and was graduated from there in 1884. In February, that year he began to practice at Oostburg, Wis. where he is now located, and appreciated by a large circle of patrons.

14. A. C. Amundson, M. D., of Cambridge, Wis., was born in Dane County, Wis., 1855. He says of himself—"I wasted much valuable time and money in my youth in learning to flex Latin verbs, extract Greek roots, decline German articles and investigating the sex of German nouns. I have the degree A. B. from Luther College, Decomb, Iowa, but I do not carry it in my grip in my every-day (and night) practice. It may come handy some day if I should ever stoop so high as to become adjunct professor or clinical assistant in a medical college. Attended one year's course at State University of Wisconsin, preparatory to my medical education, which was acquired on regulation time at University of New York City. I had been taught that economy is wealth and while at New York I amassed a fortune by practicing strict economy—except in use of midnight oil—in a tenement house on 24th Street, first floor from roof. I also acquired dyspepsia in an eating house six blocks from Delmonico's. Graduated one evening in March, 1882. Gilmore's band played: "You can't play in our yard," and I came West the next morning on one of Depew's specials—for emigrants—and I have been on the go very much ever since. My medical education was partially patched up at the Chicago Post Graduate school in 1887, and is stitched up yearly at state medical society meetings. Have practiced in present locality for 12 years."

15. B. A. Corneille, M. D., is twenty-nine years old. He is a native of Ontario, Canada. After a thorough course of study in a Canadian collegiate institute he entered at an early age upon the study of pharmacy and served three years as an apprentice in a Canadian drug-store, after which he conducted business for himself for nearly four years in Ontario and Manitoba. He finally decided to study medicine and entered and took three full terms in the Detroit College of Medicine, and graduated with the class of '92. He had a good hospital experience in Detroit. He settled in his present location in '93 where he has a large, lucrative practice steadily on the increase.

16. A. H. McWain, M. D., of Poy Sippi, Wis., was born in East Dorset, Vt., in 1855. He received his literary education at Black River Academy, Ludlow, Vt., and attended one year the medical department of University of Mich. and afterward received his degree from University of Vt. in June 1882. He located in Poy Sippi, Wis. the same year where he has remained in active practice. Dr. McWain is now president and general manager of the Badger Telephone Company, of Poy Sippi and also postmaster there.

17. W. E. Fairfield, C. M., M. D., was born in the county of Missisquai, province of Quebec, Canada, 1861. Received an academic education in that county, and after preparatory study in Montreal, matriculated in Arts in Ontario, 1883. Entered the University of Bishops College medical department in that year and graduated with highest honors in 1887, winning the "Wood" gold medal for the best examination in all subjects and the "Nelson" gold medal for the best special examination in surgery. Having served a year as house surgeon of the Western hospital, Montreal.

He came west and located at Wequiock, Wis. where he remained until the spring of 1893, when he opened an office in Green Bay. He is a member of the Fox River Valley Medical Society and is secretary of the board of U. S. Examining Surgeons.

18. Dr. H. L. Jenckes, of Hazel Green, Wis., has for several years been one of the successful general practitioners, of Grant county, Wis. His early medical studies were pursued under the guidance of his father who was not only an able physician but also a very accomplished man in literature and science. Dr. H. L. Jenckes, the subject of this sketch, after receiving his general education at the high school, of Quincy, Ill. and at the University of Wis. Entered the Chicago Medical College, from which he graduated in 1879. Since graduating he has devoted himself to his profession. Besides the labor incident to a large general practice he has found time to contribute articles to the leading medical journals. Articles on the Operative Treatment of Varicocele from his pen appeared in the *American Journal of Medical Science*, and also in the *International Medical Magazine*, on "Typical Typhoid Fever" appeared in the *Boston Medical and Surgical Journal* and in the *Medical News*. "The Therapeutics of Pneumonia" was published in the *Medical Record;* and other articles have appeared at various times. As a surgeon he has successfully performed operations on the long bones for necrosis, and has successfully removed the mammary gland for carcinoma. At present Dr. Jenckes is one of the vice-presidents of the Dubuque, Iowa Medical Society, and is a member of the American Medical Association.

19. J. F. Corbett, physician and surgeon of Weyauwega, Wis., is a graduate of Cleveland Medical College class of 1880. He immediately settled in Weyauwega where he has been in continuous active practice over fifteen years. He is 39 years of age, and a full-fledged Badger having been born in Sheboygan county, Wis. Dr. Corbett has been for several years surgeon for the Wisconsin Central railroad. Was for three years secretary of the New London Board of Pension Examiners. Is a member of the state and local medical societies. For the past five years he has been interested in the drug trade under the firm name of Hardy & Corbett. His extensive country practice calls him into several counties. He took a special course at the "Chicago Polyclinic" two years ago.

20. S. P. Deahofe, M. D., Mineral Point, Wis., is now forty-three years old. He graduated with honors at the Ohio Medical College, Cincinnati, Ohio, receiving the prise in physiology from Prof. Forchheimer, in 1882. He has practiced nine years at Potsdam, Ohio, and four years at Mineral Point, Wis. Was formerly a member of the Miami Chirurgical society, the Southwestern Ohio Medical Society, being its first vice president in 1881, Ohio State Medical Society to which papers on "Etiology, and Treatment of Pneumonia," "Hysterical Paraplegia in a child of 12 years" and "Management of the Perineum," were contributed. At present Dr. Deahofe is a member of the Wis. State Medical Society, American Medical

Society, American Public Health Association, National Association of railroad Surgery. Papers contributed to the first two societies are "The Treatment of Malignant Diphtheria," reported in the transaction of the Wis. State Society, "Polyo Myelitis Anteria Acute," and "Puerperal Albuminuria," reported in the JOURNAL, also "Treatment of Typhoid Fever," reported in the *Progress*. He is at present surgeon of the C. M. and St. P. R. R. and commissioner of health of the city of Mineral Point.

21. J. W. Kester, M. D. Black Earth, Wis., was born in Ohio in 1853, early removed to Wis. He first attended the country schools, and afterward the high school in Reedsbury, Wis. Later he traveled over several different states for seven years in the interest of a Machine Company. He finally commenced the study of medicine in 1883 at Rush Medical College. Having passed an examination before the Central Wis. Medical Society, he began active practice in the year 1888 and '89. He again attended Rush and received his degree along with several certificates showing extra work and study. Dr. Kester says that he has accumulated a nice property and has an extensive practice at Black Earth where he has now practiced for eight years. Probably no physician in that part of Wis. has a larger country practice than he. He is surgeon for the Chicago, Milwaukee & St. Paul railroad, and does work for Life Insurance Companies as well. Dr. Kester is a lover of good horses of which he has a number. Among others Bovee K. Rec. 2–15½ at 4 years old.

22. Charles Allen Armstrong, M. D., Boscobel, Grant Co., Wis., was born in 1862, at Lima. Wis. He was educated in the local schools, and was a member of the class of 1886 in the University of Wis. He graduated from Rush in 1887. He is a member of the Central Wis. Medical Society, and of the State Medical Society, was married in March, 1890, to Matie E. Sprague, of Beatrice, Neb., has one son aged four years. Was mayor of Boscobel in 1892–3, and has been division surgeon of the Wis. Division Sons of Veterans since 1889.

23. J. M. Evans, M. D., Evansville, Wis., is 75 years old. He graduated at the La Porte Medical College, La Porte, Ind., in 1846 and located in April of the same year at Evansville. With the exception of five years in the U. S. service as surgeon of the Thirteenth Regiment, Wis. Volunteer Infantry, this has been his home. There are few doctors in Wisconsin who have lived so nearly a half a century in one place as has Dr. Evans. Very few who have lived that long within the state. He is a pioneer of the pioneers.

24. Dr. A. T. Buckley, of Gratiot, Wis., has now been in practice four years. He graduated at P. and S. College, Chicago, in '91. He is twenty-nine years old. We predict for Dr. Buckley success in his profession.

25. Dr. S. M. Munger, of Detroit Harbor, Wis., was born in Reykjavik the capital of Iceland, in 1848. When 13 years of age he entered the Latin school there, where he stayed for six years. The next year he occupied by teaching school, when he entered the medical institutiou in

Reykjavik, whence he graduated in 1872, having studied at that place for three years, and one year at the university in Copenhagen, Denmark. In 1885 he came to America settling at Washington Island, Wis., where he has stayed and practiced up to this time.

26. G. W. King, M. D., was born at King's Station, N. Y., April, 1826. He yet remains at the place where he has practiced his profession for more than forty-two years, having graduated at Worcester Medical College, in Massachusetts, in the year 1852. Dr. King has been two years vice president of the Eclectic Medical Society of the state of New York and held the office of president of the same society for two terms. He possesses a love for true medical science, a proper sympathy for suffering humanity and an intellectual ability to wisely apply, in practice, what he has learned by study, observation and experience, therefore, he has won an extensive practice. As he has never aspired to be above Nature's servant his prescriptions have been simple and safe, yet efficient and not dangerous. Dr. King has written many papers relating to the theory and practice of medicine, several of which have been published in state and national medical transactions. He has the respect and confidence of neighbors and friends in his settlement, as executor or administrator of many estates.

27. Arthur B. Rood, M. D., born 1864; at South Cortland, N. Y., graduated from the Cortland state Normal school, then taught school for one year. Entered Syracuse University Medical College in the fall of 1886 and took a three year's course, graduating 1889, standing third in the class. July 1st, 1889, he took the practice of a doctor at Manlins Station, N. Y. where he still remains having built up a good and increasing business. Has been health physician of the town for three years. He is a member of Onondaga County Medical Society, and one of the leading members of the M. E. church. Was married in 1888 lo Martha J. Hornbeck, of Accord, N. Y. They have two children, both boys, aged four and two years respectively.

28. Watson H. Harwood, M. D., of Chasm Falls, N. Y., was born in Bangor, that state in 1854. After receiving a common school education, he attended the Normal school at Oswego, N. Y., for some time, and in 1878, began the study of medicine. Was graduated from the medical department of the University of Vermont in 1881. In August of the same year, he began the practice of his profession at Chasm Falls. As a physician and surgeon, Dr. Harwood's life differs little from that of other country practitioners, his work being among the foothills of the Adirondacks, and affording him more exercise and experience than gold. He has always had a strong liking for literary work, and has contributed to various periodicals. Dr. and Mrs. Harwood are both members of the Methodist Episcopal church.

29. Dr. Joseph L. Cutler is sixty-six years of age, was born in Moravia, N. Y. in 1829. His early education was attained at the Aurora and Groton

Academies. He taught several terms of school in order to secure the money necessary to enter upon the study of medicine. In 1850 he was graduated with honor from the University of New York, and shortly after receiving his diploma he went to Boliver where he is still located. He has practiced medicine continuously for forty-four years and ranks high in the profession. During the civil war he served as assistant surgeon of the 134th regiment of New York Volunteers, was present at the battles of Chancellorsville, Gettysburg and Lookout Mountain. President Cleveland, during his first term, appointed him a member of the Olean Pension Board. He is the senior member of the firm of Seibert & Cutler pharmacists, and is also interested in oil property in the Alleghaney field. Dr. Cutler has a handsome residence in the pleasantest portion of Bolivar. He is well-to-do, and popular both professionally and socially.

30. Chas. L. Lang, M. D., of Meridian, N. Y., was born in Oneida County, N. Y., 1859. Began the study of medicine at the Detroit Medical College and graduated from the Michigan College of Medicine in 1883. Went to N. Y. City for further study, taking a course in the Polyclinic in the chest class in spring of 1883. Entered the college of physicians and surgeons and was graduated in 1884. Practiced in N. Y. City, 'till March, 1890, serving as attending physician to the Presbyterian hospital, children's out-patient department for two years. In 1890 he bought a practice in Meridian, N. Y., where he still practices. He is examining physician for several insurance companies, and he is a member of the baptist church.

31. R. R. Leonard, M. D., Bloomville, N. Y., was born in that state in 1868. He began the study of medicine with his father in 1885, and later studied at the Universities of Vermont and New York graduating in 1890. He began to practice the same year at Bloomville, N. Y., where he still resides. He is a member of the Schoharrie and Delaware County Medical Societies. He has been health officer of Bloomville since 1890.

32. James Harrison O'Neil, M. D., was born in Clinton county, N. Y. in 1866, attended the common schools until twelve years of age where he outstripped others much older, and entered the Franklin Academy at Malone, N. Y. Here he pursued a course of study for three years. He then taught school in Clinton county until 1888 with flattering success, when he entered the medical college of Burlington, graduating with honors in July. 1890 being the officer of his class. He practiced in his native town Alton, New York., for a short time awaiting a better field, and in December, 1891 he was engaged by the Chattanooga, Iron and Ore Company on a salary as physician at Lyon Mt., N. Y. After two years of successful practice in Lyon Mt. and vicinity, Dr. O'Neil in 1893 removed to Moores Forks, N. Y. where his reputation as an able, careful and successful physician and surgeon had preceded him. Here he immediately entered upon an extensive and lucrative practice. The doctor is a sterling Republican, a good conversationalist and a pleasant companionable gentleman, and is classed as a success in his profession.

33. Ralph P. Crandall was born in Greene, Chenango County, N. Y., December 27th, 1818. At the age of fifteen he entered a drug store in Greene, and at once began the study of medicine, continuing the same until his graduation from the Philadelphia University of medicine and surgery some years later. He commenced the practice of his profession in Montrose, Penn., remaining there two years, after which he returned to his native town where he has since resided, and still carries on an extensive and eminently successful practice. He has been postmaster, and president of the village, health officer, and is president of the board of education, which position he has held for the past eighteen years.

34. W. J. Galerno, M. D., of Traverse City, Mich., studied medicine three years under F. W. Shakelfred, M. D., of Detroit. Later he graduated at the Drucdic University in 1892. Dr. Galerno settled in Traverse City in 1894. He has an enviable reputation for the treatment of chronic diseases.

35. M. W. Lang, M. D., C. M., born February 7, 1862, at St. Marys, Ont., Canada, attended the public schools in his native village. Afterwards entered the Collegiate Institute, graduating in '84. Entered the McGill University, Montreal, the same year and graduated with honors from that famous university in '88. Came to Mich. in '89 finally settling in Marysville, Mich., where he now enjoys a large and lucrative practice. The Dr. is a prominent *forester*, *woodman and maccabee*, and is examining surgeon for the several societies, as well as for several old line insurance companies. He is widely known as a very accomplished obstetrician and surgeon.

THE WOMAN WHO KEPT A SECRET.

THOSE who doubt the possibility of a woman's being able to keep a secret should read the story of "Sir James" Barry, who died July 25, 1865, on the retired list of the British navy as senior inspector general of the medical department. This person, at the age of eighteen, became a hospital assistant in 1813 and two years later was made assistant surgeon. After serving with skill in different successive grades she was made inspector general in 1858 and retired on half pay in 1859. On her death in 1865 word was at once dispatched to the department that the late inspector general was a woman. The landlady in whose lodgings she had lived for years and her black servant were equally ignorant of the fact. Lord Albemarle, who met death in 1819 at Capetown, at the house of the governor, Lord Charles Somerset, described her as "the most skillful of physicians and the most wayward of men." She had the appearance then of a beardless lad of the Scotch type, with reddish hair and high cheek bones; her style of conversation was decidedly superior. She actually fought a duel with an officer who called her effeminate and expressed his belief that she ought to wear skirts. Who she was still remains a mystery to the general public; she was said by some to have been the granddaughter of a Scotch earl, and to have chosen the medical profession in consequence of her love for an army surgeon, but the truth of this is not known.

[The publishers of this journal, and they only, are responsible for what they from time to time disclose under "Ethics and Politics." The editor will as heretofore confine his attention to the discussion, from a medical standpoint, of questions of professional nature. The editor neither writes nor edits matter under this caption.]

A Letter from Lawson Tait.

When, last month, at the request of Dr. Geo. M. Gould. we published the statement of Ernest Hart's lawyers to the effect that Lawson Tait had withdrawn his libel suit against Hart of his own accord, and had paid the costs, we felt sure that the impression created by this statement of Hart's solicitors was a false one. So far as we have been able to learn, impressions launched by Hart are very generally false. We observe that the more industriously and widely they are spread the better calculated they are to injure any who have excited his envy and malice, the more utterly destitute of veracity. The fact that great and good men, noticeably Dr. Gould and Dr. Cushing, are now and then instrumental in furthering his ends is not necessarily a discredit to them, but a tribute to the cunning of the man, the wolf who has so long disguised himself in sheep's clothing undetected. All must admit that Hart while a great, is a particularly clever liar. This is demonstrated by the case in hand. Look at the facts. Ernest Hart to escape prosecution for libel at the hands of Lawson Tait, the greatest living surgeon, whom he has shamefully traduced, sneaks off to India, where, by the way he is not wanted, to wait for the storm to blow over. Mr. Lawson Tait when he finds that Hart has for the time escaped, for prudential reasons withdraws his suit in the manner prescribed by law, determined to await a more convenient season. Meanwhile the story of Hart's perfidy has become current in America. It naturally distresses those who were instrumental in bringing him here to attend the Pan-American Medical Congress, and verifies the suspicions of

the many. Then appears the statement of his solicitors—as pretty a piece of hypocritical humbuggery as is often encountered—called forth to defend the character of their client, sweet innocent, in his absence from home. We, like others, published it because Dr. Gould asked us to, and then referred the whole matter to Lawson Tait himself, asking him to tell us the truth of it. This he is very graciously consented to do. His letter, given below, written in a cramped and almost illegible hand—no one would suppose that the same hand is the steadiest, and surest in all the world in the handling of a knife, but it is—illuminates the whole situation, and shows how utterly misleading is this statement of Hart's legal advisers. From the tone of this letter we conclude that Ernest Hart may as well come home right away, that he is escaping nothing by prolonging his sojourn, that at last he has been run to cover, and has now got to answer for his sins, or remain in permanent exile.

We also have from Mr. Lawson Tait a copy of his arraignment of Hart before the members of the Council of the British Medical Association, together with the correspondence between himself and Dr. Cushing, editor of the *Boston Medical and Surgical Journal*. We publish only the former. The Cushing-Tait correspondence is familiar to our readers already.

7, THE CRESCENT, BIRMINGHAM, ENGLAND,
April 23, 1895.

Editor Cincinnati Medical Journal:

My dear Sir:—Very many thanks for your letter. I forward a copy of my communication to the *Council of the British Medical Journal* which will explain the cause of the withdrawal of the writ, and the payment of the costs—three pounds!!! Messrs. Arnold wish it to be understood that this is the end of the case, and that some kind of decision against me may therefore be recorded. It is not so. I can issue another writ, or a dozen of them if I think fit; and I shall certainly issue another and proceed to business as soon as advisable after I am informed of Mr. Ernest Hart's return from India. Yours truly, LAWSON TAIT.

7, THE CRESCENT, BIRMINGHAM,
January 10th, 1895.

To the Members of the Council of the British Medical Association:

Dear Sirs:—I hand you below printed copy of correspondence which has passed between Dr. E. W. Cushing, of Boston, U. S. A., and myself, similar copy of which has been sent by even post to every member of the Council of the British Medical Association.

The circumstances under which the correspondence is submitted to you are these:

On receipt of Dr. Cushing's letter of the 22nd of October (see copy correspondence), which reached me early in November, I caused a copy of it and of his previous letter to be sent to Dr. Ernest Hart. I was aware at the time that Dr. Hart was about to leave England for a protracted period, and I, therefore, requested him in the event of his being unable or unwilling to give such an explanation as should be satisfactory to myself, to give the name of a solicitor who would be authorized to act for him during his absence.

Dr. Hart replied, giving the name of a firm of solicitors in Birmingham; but, as nothing further was heard either from him or them, I caused inquiry to be made, and was informed that the firm whose name was given declined to act for him. This was on Monday, the 12th of November. Dr Hart was leaving for India on the following Thursday.

I caused him to be informed by wire of what had transpired, and he replied by the same means, giving the name of a firm of solicitors in London who would act for him.

A letter was sent to him on the same day confirming the telegrams, and stating that I should expect to hear from the firm on the following day, and further intimating that as I had now secured the object I had in view —viz., that Dr. Hart should name a representative to act for him during his absence, I should await the arrival of the printed correspondence from America, and then lay a copy before the Council of the British Medical Association, and invite an expression of opinion from them upon it.

No communication was received from the firm of solicitors named by Dr. Hart until Thursday morning, November 15—that is to say, the day upon which Dr. Hart sailed for India, and, in the meantime, Dr. Hart having intimated in reply to repeated communications of mine that he was prepared to accept a personal service of writ, I was left no alternative but to cause a writ to be issued. The writ was NOT served, and, in consequence of the receipt of the communication from the solicitors, was of course withheld.

On the 26th of November I caused copies of the whole correspondence to be sent to Dr. Ward Cousins, the President of the Council, with a request that it might be submitted for their consideration. Dr. Cousins informed me, on the 8th of December last, that, acting on the advice of the Solicitor of the Association, the matter could not be brought before the Council for discussion seeing that notice of a writ had been issued. I at once gave instructions for the writ to be withdrawn—and the action so inadvertently commenced was discontinued—and the proper notices having been duly given and the proceedings stayed, Dr. Cousins was duly advised thereof.

I subsequently received a letter from Mr. Upton, the Solicitor to the British Medical Association, informing me that he was compelled to advise

that "no one possesses the right to have such a subject as is under discussion, under the circumstances of the case, presented to the Council," and I replied expressing my astonishment at the decision conveyed to me, and intimating that I was unable to accept it, seeing that Dr. Cousins' letter of the 7th December seemed to convey to me the obvious meaning that if the writ was withdrawn and the action discontinued he would bring my communication before the Council.

As, however, he has declined to do so, I have no alternative but to bring it to the notice of individual members of the Council in the present manner, and to repeat my contention that the case deserves the attention of the Council on its merits.

My reasons for this are, that of the many libels detailed by Dr. Cushing that alone which I cannot afford to treat with silent contempt is the charge of suppressing deaths in the published records of my practice. I have taken every means which could be thought of in my publications in the Journal to prove my facts beyond cavil. If the Editor of that Journal knows anything to the contrary, I challenge him to divulge it, and demand that it be made public in the columns of the *Association Journal* and that I have an opportunity of meeting the charge.

A further letter just received from Dr. Cushing, dated December 15th, puts the chief point of my complaint with still greater force in the following words, viz.;—"It was natural for me to believe Mr. Hart AS HE WAS HERE IN THE CAPACITY OF EDITOR OF THE *British Medical Journal*, and, as such, was the guest of the American Medical Association, and of the Pan-American Congress, and on that trip was the guest of the United States, and I think it is a fair presumption that the profession of Great Britain would select a truthful person to represent them on such an occasion."

Under these circumstances, it is impossible to regard the statements made by Dr. Hart as having been made (if made at all) in any capacity other than the official capacity as Editor of our Journal. Such a matter as this is surely not one for the Law Courts. Mr. Hart either uttered these libels or he did not. If he will give the Council an assurance that he did not utter them, or anything like them, I shall accept the assurance. If he admits that he made them, then I submit that in the matter aforesaid, and on which I lay stress, I am entitled to the consideration and protection of the Council. Yours faithfully, LAWSON TAIT.

THE medical colleges of Cincinnati have had their commencements and nearly two hundred newly made physicians have been added to those struggling to become Kochs and Pasteurs. The graduates from the various colleges are as follows: Medical College of Ohio 66, Miami Medical College 31, Cincinnati College of Medicine and Surgery 14, Pulte, the Homœpathic College 11, Woman's Medical College 10, Eclectic 60.

The Cincinnati Medical Journal.

Address all Communications to the Editor, Court and Broadway, Cincinnati, O.

Vol. X. *JUNE, 1895.* *No. 6.*

Editorial.

Advance in Brain Surgery.

An operation has been performed in New York by means of an electrical saw, which seems to indicate a distinct advance in brain surgery. Heretofore the bone has been cut out with a punch somewhat resembling a conductor's punch, but this method was so jarring to the brain that the resultant shock very often killed the patient. The new method, which has been successfully practiced by Dr. S. B. Powell in nineteen cases out of twenty, is to make the usual four trephine openings in the skull and gently insert a broad strip of silver into one of the openings and work it along between the brain and the skull until it protrudes from the next hole, thus forming a shield between the brain and the skull which obviates all danger of accident from the slipping of the instrument by which the portion of the skull is to be exercised. A minute circular saw, operated by electricity, is then brought into use. A cut is made from one trephined hole to the other, and a second cut about one-eighth of an inch from the first. The intervening bone is removed and the brain is exposed. Two more cuts are made between the other trephined holes, the bone removed, the silver strips withdrawn, the flaps of scalp drawn back and stitched, and the requisite bandages applied. Ordinarily the operation is performed in about twenty-five minutes. The great success which has attended these operations is attributed by Dr. Powell almost entirely to the great delicacy of treatment rendered possible by the electric saw. It is not claimed that it will change idiots into persons of mental capacity, but beyond question they can be benefited so much that they will not be burdens to their friends and relatives. The electric saw used weighs less than an ounce, and it can be operated as delicately as a scalpel.

A Suggestion for Young Doctors.

A number of deaths and retirements have made twelve vacancies in the medical corps of the navy, and the singular fact that these places are difficult to fill still exists. A better opening for a young doctor can scarcely be imagined. The requirements are severe—no man who has not studied hard could expect to pass the rigid examination—but this seems to have frightened aspirants off unnecessarily. For some years all candidates who have passed have received commissions. A young doctor, therefore, who passes steps at once into good pay, with opportunities of study and improvement not only during his shore duty, but his sea service. He sees his own and foreign countries under the best auspices, his uniform securing him admission into any society, and that, too, at a time in his career when most young doctors are tied down in one spot, struggling to make both ends meet. Few men enter the medical corps of the navy intending to remain, but the charm and ease of the life, and the certainty of being retired on handsome pay at sixty-two years of age, keeps many in. Those who resign after a few years' service have time to look about for an opening, and can enter private practice with prestige. Some of the most eminent doctors in Washington are men who resigned from the navy. It is astounding in these days of keen professional competition that such places should literally go begging.

* * * *

Rise of the Medical Profession.

During early mediæval times the monasteries, according to Herbert Spencer in the June *Popular Science Monthly*, serving as centers of instruction, gave some embodiment to the medical profession, like that which our colleges give. In Italy there later arose institutions for educating physicians, as the medical school of Salerno in 1140 In France before the end of the 13th century the surgeons had become incorporated into a distinct college, following, in this way, the incorporated medical faculty; and while thus integrating themselves they excluded from their class the barbers who, forbidden to perform operations, were allowed only to dress wounds, etc. In England there have been successive

consolidations. The barber-surgeons of London were incorporated by Edward IV, and in the fifteenth century the College of Physicians was founded, and "received power to grant licenses to practice medicine—a power which had previously been confined to the bishops." Progress in definiteness of integration was shown when, in Charles I's time, persons were forbidden to exercise surgery in London and within seven miles, until they had been examined by the company of barbers and surgeons; and also when, by the 18th of George II, excluding the barbers, the Royal College of Surgeons was formed. At the same time there have grown up medical schools in various places which prepare students for examination by these incorporated medical bodies, further integrations being implied. Hospitals, too, scattered throughout the kingdom, have become places of clinical instruction, some united to colleges and some not. Another species of integration has been achieved by medical journals, weekly and quarterly, which serve to bring into communication educational institutions, incorporated bodies, and the whole profession.

THE MICROBE OF DEATH.

A CHICAGO medical man has startled the world by announcing the discovery of a "microbe of death." There is an artistic cleverness about this feat that almost disarms criticism, and makes one willing for the moment to suspend the stern application of the ever-present logical faculty. The enterprising discoverer states that this new microbe resembles the bacillus of consumption. So far as we can gather from the meagre telegraphic reports that have come to hand upon the subject, he applies his theory by driving the "microbe of death" out of the animal system. When that happy consummation has been reached no known disease can obtain any hold on the fortified individual, and nothing short of actual violence can put an end to his existence. It is somewhat unfortunate for the picturesque theory of the Chicago physician that so many different species of micro-organisms are known to science, each and all of which act as microbes of death to many millions of mankind. However, the title and subject-matter have a distinct journalist value in which the discoverer will doubtless find his reward.—*Times and Register.*

THE PAST MONTH

Brief and breezy items of news are asked from Doctors everywhere.

ISTOMANOV reports success in several cases of syphilis by the serum treatment.

THE next meeting of the Northwestern Ohio Medical Association will be held at Findlay, on June 20 and 21, 1895.

ACCORDING to the *Medical Record*, castor oil has not failed in any case to remove warts when applied once a day for two to six weeks.

DR. J. R. FLOWERS, one of the best known physicians of Columbus, Ohio, died Wednesday morning, May 22, of heart failure.

BORIC acid is recommended either sprinkled on linseed meal poultices, or used in form of ointment, 30 gr. to one ounce as a treatment for erysipelas.

THE jury in the Dr. Duestrow sanity trial declared the prisoner sane. He will now have to stand trial for the cold-blooded murder of his wife and child.

DRS. J. P. SAWYER AND D. P. ALLEN, of the Western Reserve College, have gone abroad, and Drs. Corlett, Howard, Stewart, and Robb will sail shortly.

NOTED WOMAN PHYSICIAN DEAD. —Dr. Mary Harris Thomas, founder of the Chicago Hospital for Women and Children, and head surgeon and physician of that institution, died suddenly at her home in Chicago, May 21, aged sixty-eight years. The Sunday morning previous she was was taken ill with cerebral hemorrhage.

H. A. FISKE, M. D., of Long Meadow, Mass., is one of our new recruits from the East to whom we are indebted for substantial proof of approval of the JOURNAL.

GEN. CHAS. SUTHERLAND, ex-surgeon general of the army, died at his residence Friday night, May 11, in his sixty-fifth year. A wife and seven children survive him.

J. D. KELLOCK, M. D., of Perth, Ontario, writes us, enclosing subscription for the current year, "Am much pleased with the May number of the JOURNAL. It is bright and profitable."

J. N. GROVES, M. D. formerly of Dongola, Ill., is now located at Effingham in the same State, where he enjoys a lucrative practice. He also holds the responsible position of Chief Surgeon of the I. & I. S. Railroad.

DR. B. E. HARRISON, of Cottageville, W. Va., is a friend of ours of long-standing. We have received an encouraging letter from him within the month as much appreciated by us as the two years' subscription it contained.

DR. E. C. PASLAY has sent us two dollars for two years' subscription to the JOURNAL from July, 1895. He says, "I am pleased with the JOURNAL hence the renewal." Dr. Paslay's home is at Flemington, Fla., where he is popular as a physician and socially. Dr. W. H. Cook, of Choudrant, Fla., is another one of our Southern friends who has remembered us with a remittance this month.

At their beautiful home in Loveland, Ohio, on May 6th, Dr. Nathan W. Bishop and his good wife celebrated their golden wedding in a manner befitting the occasion. There were present two hundred guests and more. Dr. Bishop's parents came from New Jersey in 1816 and settled in Daviess county, Ind., where the doctor was born. The Indians became troublesome, they moved to farm near Goshen, Ohio. Here young Nat grew to manhood and was persuaded to go to a school taught by an old Southern teacher named Gaines. The school-house was a rude log affair with one log cut out to let the light in. Here young Bishop found ex-Governor J. D. Cox, the late Rev. Dr. David Swing, Dr. John Gaines, of Mt. Washington, and many others, who have since become noted. After going to school for a short time the doctor secured a teacher's license and became the first teacher at Paxton's School-house. From here he went to Newberry, where for five years he taught and studied reciting on Saturdays. By chance Dr. Gunn's "Family Physician" fell in his way, and after reading it he determined to be a doctor. He went to Cincinnati, and in 1845 graduated from the Ohio Medical College, one of its first graduates. He then returned to Loveland, and on May 6, 1845, married Miss Phœbe Vandervort. He then began the practice of medicine at Maineville, Warren county, Ohio, and for thirty years followed his chosen profession. Thinking he was old enough to retire, he bought the farm on which West Loveland now stands and laid out the town, and has had over one hundred houses erected since then. Of his brothers three became doctors, two who are living being the well-known Dr. Preston Bishop, of Pleasant Plain, the other Hon. Dr. L. W. Bishop, of Batavia. His other brother, Daniel Bishop, is a farmer near Goshen, and is eighty-six years old. The doctor is president of the Loveland Building Association; served in Council several years, and looks after his property in Newport and Covington, Ky., besides his large holdings there.

On March 22d last, telegrams were sent from Chicago to New York that 1,000 women went on an emotional spree that afternoon at the Auditorium. When it was announced that Jean de Reszke, the great tenor, would not appear in 'Les Huguenots,' some women wept, others had hysterics, and all lost control of themselves. One widow read the announcement, and taking out her handkerchief cried as if her heart was breaking. She called a cab and was driven away. When the ushers inspected the scene of the tumult they found fifty-eight veils, twenty combs, two purses, four bags of cosmetics, one pair of garters, and a lot of ribbons.

Apart from the humorous side of the occurrence, there is a graver thought involved. Medical men, as well as philosophers and statesmen, are appalled at such a statement of this tendency of women in civilization. Not a few of them are advising as a means of prevention and to arrest this hysterical lack of self-control and "tone" of the feminine mind a return to rougher habits and simpler modes of existence. The wisdom of the woman dweller in cities who tramps the wilderness in the summer time, who goes to Europe in the steerage of a vessel and lives in the very heart of the foreign life for three months is commended by them.

This note of warning has been sounded often of late. True it is that physicians are graver than death over the tendencies of women in this end of the century. Vigor yet lives, but it is found oftener in those who fight daily battles for daily bread and are, perhaps, a prophecy of a vigorous minded race for the next century.—*Tribune.*

THE presence in the sick room of flowers with delicate fragrance is generally beneficial. Certain colors are said to act favorably upon the nervous system. Red blossoms are stimulating, while delicate blue flowers are soothing.

DR. ROSWELL PARK, professor of surgery in the Buffalo University Medical College, was elected president of the Medical Society of the State of New York at its recent annual meeting. Dr. Park is also a member of the New York State Medical Association.

A PHYSICIAN of Little Rock, Ark., writes to the Journal of the American Medical Association to correct a statement recently published in that Journal that 82 cases of small-pox and 14 deaths had occurred at Little Rock. The writer states that Hot Springs is the place to which the figures refer, and says, "there is no small-pox at Little Rock, but we have the Legislature. —*Exchange.*

GERMS VS. STARVATION.—And now an editor of a leading medical journal comes out with a note of warning in the use of bread and butter. It seems the germ is there, too. Some years ago we began lopping off articles of diet because the bacteriologist discovered microbes. He kept on discovering and we kept on lopping, till we got down to bread and butter. Now the last ditch has been reached. The grave dilemma confronts us, lop off more and die, or eat germs. We have begun to eat germs. We find them good diet; our weight is increasing, disease remains in abeyance, and together we are out of the woods of lurking dangers and are happy again. We advise our readers to eat germs. Take them for breakfast, get all to be had for dinner and there is no need of avoiding them at supper.—*Med. Arena.*

THE estate of Gen. Benjamin F. Butler has donated for a sanitarium for consumptives old Fort Union in New Mexico, which includes 67,000 acres of good land.

S. C. WHITCOMB, M. D., Oneida, Ills., writes us: "I like the fearless independent tone of your JOURNAL and herewith enclose a large round dollar for a place in your "Band Wagon." Thanks, Doctor, we have seats for the like of you.

IN a recent letter from Dr. R. F. Barton, of Altamount, N. Y., we find the following: "I like your bright, racey JOURNAL, and as a proof of the same enclose express order for another year's subscription."

DR. P. M. BIGNEY, who has for many years been interested in various temperance reform movements in Cincinnati, died at his home early in May. Dr. Bigney was in his sixty-second year, and has been a resident of Walnut Hills for several years, during which time he has been a member of the Walnut Hills Medical Society, and also held a life membership in the Cincinnati Society of Natural History. He has also been a member of the staff of Christ Hospital.

A MISS WESTON is lecturing through England in the interests of temperance. Recently she related the horrible experience of some physicians who were called to hold an inquest on the body of a confirmed drunkard. When the cranial cavity was opened Miss Weston says "the odor of alcohol in the room was sickening." One of the surgeons held a lighted match near the brain, and "immediately a blue flame enveloped the exposed surface." It only needed a little sulphur to complete the scene. Miss Weston may be a second Dante!—*Exchange.*

THAT gonorrhœa can be acquired late in life is shown by Dr. G. E. Isaacs, of this city, who reports a case in the *Medical Record*, April 14, 1894, occurring in a man aged one hundred and three years. When one hundred years old he contracted chancroids!

"TIPS." — Dr. Cocksedge, of Wales (*Med. Press*), places the following tips at the disposal of his brethren: If you have a fatiguingly deaf patient to talk to, place the ear pieces of your binaural stethoscope in the patient's ears and talk into the chest piece, and you have an excellent ear trumpet. If you leave your spectacles at home, being old and presbyopic, make a hole with a pin in the corner of your visiting card, and you can read your clinical thermometer or anything else.—*Exchange.*

WENDELL HOLMESIANA. — The following are selected examples: In the older days of the Harvard Medical School, when funds were scarce and professors scarcer, Dr. Holmes was the lecturer on anatomy, physiology, medical chemistry, and a few other subjects. One day the professor of the college met him in the street, and congratulated him on his then recent election to a professorial chair of medicine. "Chair!" flashed out the doctor. "You're mistaken, my dear sir; it isn't a chair of medicine that I occupy. It's a whole settee!" Another tale is also a medical one, and relates to a meeting of several of the leading physicians of a bygone generation. They were all, except Holmes, big men physically as well as mentally, and for some time the little doctor walked disconsolately about amid his six-foot colleagues. Then, jingling the loose change in his pocket, he said, calmly: "Do you know, gentlemen, I feel like a three-cent piece among a lot of pennies."—*British Medical Journal.*

A RECENT writer in one of our largest exchanges says: "The very worst food for babies is that of a highly bred Jersey cow." Probably true; if the cow had to be taken in Esquimaux style, entire, and at one sitting.—*National Medical Review.*

DR. WM. E. S. EVANS, M. D., Exacting U. S. Consul at Amoy, China, in an interesting article on Oriental Medical Food in the May issue of *The Dietetic and Hygienic Gazette* concludes: "The long centuries have taught them (the Chinese) in a blind way much that we recently learned from the discoveries of our most advanced science."

DR. THOMAS H. SHASTID is a new subscriber to the JOURNAL. He says, "I like the JOURNAL, and shall take pleasure in contributing to it, and will speak for it among my professional friends." Dr. Shastid is located at Galesburg, Ill., where he has a large practice. He devotes himself especially to diseases of the eye, ear, throat and nose.

A SUIT for $5,000 damages against the Cleveland Homœpathic Hospital Co., which controls Huron Street hospital, was begun in common pleas court recently, by Frank Wilson. The plaintiff was employed as night orderly in the college. He claims that through the carelessness and negligence of Dr. W. H. Weber, the hospital superintendent, he drank poisonous disinfectant, thinking that it was Hunyadi water. It was Wilson's duty, according to the petition, to taste medicine before administering it to a patient. Hunyadi water was prescribed for one of the patients and Wilson took a drink from a bottle with a Hunyadi water label. He was taken violently sick and claims to have been affected permanently. He claims that Weber was responsible for the fact that the bottle was not properly labeled.

DR. JEREMIAH S. B. ALLEYNE, one of the oldest practitioners in St. Louis, was found dead of apoplexy in bed Thursday morning, May 2d. Dr. Alleyne married Miss Henrietta Steadman, of Boston, in 1858. She survives him. One child is also living, Mrs. Fred Scroeder, wife of Captain von Scroeder, U. S. A., now stationed at Louisville.

ALEXANDER PORTEOUS, a young Scotch medical student, was stabbed four times and almost instantly killed by Tom Edwards, a ship carpenter 55 years old, about midnight April 26th at Paducah, Ky. The latter was arrested and confessed, saying it was in self-defense. A young man with the crowd when the killing took place said that Edwards stabbed Porteous without provocation, all being nearly drunk.

A FAST BOY.—A most remarkable example of rapid growth and maturity, is a case recorded by the French Academy in the year 1729. It is stated that a boy six years of age had attained the height of five feet six inches; he had a full beard, and had the appearance of a man of thirty. He possessed strength sufficient to lift to his shoulders a bag of grain weighing 200 pounds. Two years later, this senile boy became gray. At ten he tottered in his walk like an old man; his teeth decayed and fell out; his hands became palsied; and at twelve he died with all the signs of advanced age. —*Exchange.*

THE question recently asked by one of the great daily newspapers of the land: who is the brainest woman in New York? was variously answered. Many expressed the opinion that Mrs. M. Louise Thomas, for many years president of the Sorosis Club, deserved the enviable reputation. Others voted for "Jennie June" the well-known writer, and still others thought that Mrs. Frank Leslie's splendid executive ability, her power as a lecturer and an elecutionist, and a linguist perfectly familiar with all the languages of Europe indicated that she was blest with more brains than any of her sisters; but by the general consensus of opinion it was agreed that the great honor—and it is a great honor—belonged to Dr. Mary Putman Jacobi, professor of Materia Medica in the Woman's College of New York.

A MAN recently sued a company for selling him a number of bottles of hair tonic "warranted to bring out the hair." In his papers the plaintiff says he was only partly bald when he began to use the tonic, and now he has not a single hair on his head. The defendants put in the plea that this is what they warranted to do: "To make the hair come out."—*Nat. Med. Rev.*

THE following are the oldest six members of the Ohio State Medical Society: Dr. T. W. Jones, Columbus, Ohio, who is still in active practice, joined the society in 1847. The doctor needs no introduction. For many years he was its treasurer, and one of its most faithful members. We find he has, so to speak, a classmate, Dr. J. J. McIlhenny, of Dayton, Ohio, who joined the society the same year, and has the honor of having been a member for 48 years. Those who joined the society in 1848 are Dr. W. R. Bricker, of Shelby, Ohio, who is still in the active practice of his profession, and can tell and enjoy a joke as well as ever. His fellow-sojourner is Dr. N. Gay, of Columbus, Ohio, who is well known to the profession, and especially to those who were in the service during the war of the rebellion. Dr. Gay is still in active practice. The last of this group is Dr. J. W. Hamilton, of Columbus, and Dr. T. W. Gordon, of Georgetown, who joined the society in 1849.

DR. HAUSMANN, an assistant of Prof. Virchow, declares that he has used the antitoxine of M. Roux and Herr Behring on proved cases of genuine diphtheria, without a particle of benefit and much harm.—*Exchange.*

THE boils which frequently occur in persons of a gouty or rheumatic diethesis, are successfully treated by colchicum in the same doses as given in gout or rheumatism. A strong tincture of camphor may be applied externally, and the furuncles covered with pieces of Vidre's red plaster.—*Exchange.*

DON'T economize in bath water. Don't economize sleep. Don't be stingy with fun. Laugh all you can. Laughing shakes up the system, makes the blood circulate, wakes up the lungs, starts the digestion, warms the feet, relaxes the nervous system—in a word, it rests you all over.—*Exchange.*

BE careful, doctor, there is not a pill manufactured by any firm which is not made according to some "patent" process, or mixed in some secret manner. The method of mixing, the proportion and composition of excipient, the coating, the machines used, each has its secret or patent known only to the inventor or owner. Pills are unethical, therefore they must go!—*National Medical Review.*

DR. ALBERT S. ASHMEAD has found in the skull of a pre-Columbian mummy within the Bandelier collection, Metropolitan Museum, New York, found near Lima twelve feet under ground, what he considers unmistakable evidence of a syphilitic lesion. The lesion was easily recognized from its resemblance to those seen in the living body many times in Japan, and once in a post mortem examination of a licensed prostitute.—*Medical Times.*

A SEVERE outbreak of typhoid fever at Stamford, Conn., has been traced to an infected well, from which water was used to wash the milk cans of a dairyman along whose route the disease was traced.

DR. FREDERICK ANDROS, who died at Minneapolis early in May at the age of 93, settled at Dubuque, Iowa, in 1834, being then the only physician in regular practice west of the Mississippi. He moved to Wisconsin in 1846, accepting a Government appointment as a physician to the Winnebago Indians. Dr. Andros was born at Berkeley, Mass., and was graduated at Brown University.

DYSENTRY.—Take morning and evening, washing down with a mouthful of water, one drachm of powdered Cinnamon mixed with a few drops of water to make into a ball.

This treatment is derived from the Persians and has been employed by me for the past two years. Thus some thirty cases have been permanently relieved—some by one or two doses, the worst by six.—SURGEON-MAJOR S. T. AVETOON, in *The Lancet* (London).

GOING BAREFOOTED IN SUMMER.—The hygienic treatment to which Dorothy Drew, Mr. Gladstone's granddaughter, is subjected, extends so far that she always goes barefoot, indoors or out, except in very muddy or bitterly cold weather. Her dress and fare are of the simplest, and she is one of the healthiest, happiest and most irrepressible of children.

If Mrs. Drew leads the way in educating her child in a more natural way, why should not others follow. There are multitudes of children of wealthy parents, who would be benefited by treatment similar to that above described.—*Journal of Hygiene.*

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